

2016
GEORGIA WIC PROCEDURES MANUAL
&
STATE PLAN



GEORGIA DEPARTMENT OF PUBLIC HEALTH



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I. MISSION/PURPOSE

The mission of the Georgia Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program is to improve health outcomes and quality of life for eligible women, infants and children by providing nutritious food, nutrition education, including breastfeeding promotion and support, and referrals to health and other services.

State WIC office provides policy direction and technical assistance to ensure continuity in program administration, operations, and compliance with Program regulations, policies and procedures.

The Georgia WIC Program's Procedures Manual contains State policies and procedures that govern the administration of the Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC") in Georgia. The purpose of the manual is to serve as a guide to the Georgia WIC Program for local agency staff. The information in this manual is to be used in the delivery of services to the Georgia WIC Program applicants and participants in the State of Georgia.

II. SCOPE

The information in the Georgia WIC Program Procedures Manual applies to all local agencies and other State Agencies with whom the Department of Public Health contracts to provide public health services, including the administration and operation of the Georgia WIC Program. The Food and Nutrition Service of the United States Department of Agriculture, which funds all State WIC Programs, encourages the coordination of WIC and nutrition services with other health programs and services that serve WIC-eligible individuals and families, e.g., maternal and child health, family planning, immunization, as well as health care providers in each local area, e.g., private physicians, hospitals, voluntary health organizations.

III. REFERENCES

This manual reflects state policies, USDA-Regional instructions, and Federal regulations that govern the administration of the WIC Program in Georgia. It is strongly recommended that you also reference the federal regulations that govern the administration of the WIC Program, which can be found at Title 7, Part 246 of the Code of Federal Regulations.

IV. POLICY/ACTION MEMORANDA

Any updates to the Georgia WIC Program's policies and procedures that are made throughout the fiscal year are issued in the form of administrative memoranda, policy or action memoranda that are distributed to local agencies and made available online at the Georgia WIC Program District Resources Page. Policy/action memoranda must not be re-written by district and/or local staff.

Policy/action memoranda must be accessible to all staff that work with the Georgia WIC Program. Local agencies are required to review and discuss all policy/action memoranda with WIC and non-WIC staff so that they are kept abreast of current Georgia

WIC Program policies and procedures. Policy/action memoranda must be made available to the Georgia WIC Program review staff during on-site monitoring visits.

During the fourth quarter of each year, the Georgia WIC Program Procedures Manual will be completely revised and reprinted, and the content of all policy/action memoranda from the previous year will be incorporated into the approved Procedures Manual for the following fiscal year.

V. SECTIONS

The Georgia WIC Program Procedures Manual is divided into sixteen (16) sections:

- A. Introduction (IN)
- B. Certification (CT)
- C. Rights and Obligations (RO)
- D. Administrative (AD)
- E. Vendor Management (VM)
- F. Food Package (FP)
- G. Nutrition Education (NE)
- H. Special Population (SP)
- I. Outreach (OR)
- J. Food Delivery (FD)
- K. Compliance Analysis (CA)
- L. Monitoring (MO)
- M. Breastfeeding (BF)
- N. Emergency Plan (EP)
- O. Georgia WIC Dietetic Internship Program (DI)
- P. Georgia WIC Program Glossary

VI. ADMINISTRATION

- A. Food and Nutrition Services (FNS)/USDA

FNS/USDA administers WIC nationwide and provides grants to state health agencies.

- B. State Agency

In Georgia, the Department of Public Health administers the WIC Program. The Department of Public Health uses the Grant in Aid process to allocate funds to local agencies to administer public health programs and provide specific public health services. This includes the performance of key operational and administrative functions of the Georgia WIC Program, including the certification of individuals and families and the provision of the WIC Program benefit to certified participants. Most local agencies are public health districts, which are

comprised of one or more county health departments. One local agency, the Grady Health System, has a contract with the Department of Public Health to administer and operate the Georgia WIC Program. Georgia WIC program accepts application from potential local agencies on an on-going basis.

VII. ADDRESSES

A. Local Agencies

Georgia WIC currently serves nineteen (19) local agencies. The following link lists all local agencies, their address, and counties served:

<http://dph.georgia.gov/wic-directory>

B. State Agency

**Georgia WIC Program
Two Peachtree Street, N.E.
10th Floor, Suite 10-476
Atlanta, Georgia 30303
(404) 657-2900
Hotline 1-800-228-9173
FAX (404) 657-2910 or (404) 651-6728**

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I. GENERAL

Certification is the process whereby an individual is evaluated to determine eligibility for the Georgia WIC Program. All persons wishing to participate in the Georgia WIC Program must have their eligibility determined except those persons transferring within a valid certification period with proper verification. If eligible funds are available, the individual will be enrolled in the Georgia WIC Program and will be issued supplemental food vouchers. Supplemental food is defined as those WIC foods that promote health as indicated by relevant nutrition science, public health concerns, and that contain nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants, and children. Cultural eating patterns are also taken into consideration in the supplemental foods offered. Eligible participants shall be issued vouchers at the time they are notified of their eligibility. If the client is certified in the home, vouchers must be issued at that time. The person may continue to participate in the Georgia WIC Program until the end of the certification period or the end of categorical eligibility, whichever occurs first, as long as the person complies with the Georgia WIC Program rules and regulations. If ineligible, the individual is properly notified (see *Section XVI. Ineligibility Procedures*).

Applicants who do not meet the income requirement for WIC eligibility may be referred to the area food pantries or other food assistance programs.

Local agencies are encouraged to perform WIC certifications and issue vouchers in coordination with other public health services. However, WIC applicants/ participants must not be required to participate in other programs in order to receive WIC benefits.

Note: WIC services must be provided to the applicant/participant at no cost. The “No Charge for WIC Services” flyer must be placed in an area where it is immediately seen by applicants/participants. During program reviews, the “No Charge for WIC Services” flyer (**Attachment CT-26**) will be monitored for compliance by the review team.

II. ELIGIBILITY REQUIREMENTS

The local agency may not establish any eligibility criteria for Georgia WIC Program participation other than those established by the State agency.

To be eligible and certified to participate in the Georgia WIC Program, an individual must meet all of the following requirements:

A. Category

To meet this eligibility requirement, an applicant must be:

1. A pregnant woman; OR
2. A postpartum, breastfeeding woman within twelve (12) months of the end of a pregnancy; OR
3. A postpartum, non-breastfeeding woman within six (6) months of the end of a pregnancy; OR
4. An infant up to one (1) year of age; OR
5. A child up to five (5) years of age.

The end of a pregnancy is the date the pregnancy terminates (e.g., date of delivery, spontaneous miscarriage, or elective abortion). When a participant no longer meets the definition of pregnant woman, postpartum breastfeeding woman, postpartum non-breastfeeding woman, infant, or child, he/she becomes categorically ineligible for the Georgia WIC Program (see *Section XVI. Ineligibility Procedures*). Please refer to subpart A of Section XII, *Changes within a Valid Certification Period*, entitled "A Woman Who Ceases Breastfeeding", for procedures regarding breastfeeding women who become categorically ineligible.

Proof of citizenship is not required for aliens, refugees, or immigrants to receive WIC benefits. The Georgia WIC Program is exempt from any restrictions in regard to aliens, refugees, and immigrants.

B. Physical Presence

All applicants (women, infants, and children) must be physically present at the clinic/health department for each WIC certification. If the applicant is not present, the reason for the exception must be documented in the comment section of the Certification form or progress notes. If the applicant is not present at certification/recertification, the staff collecting proof of income must have written approval from the Nutrition Services Director or Designee to conduct WIC services. See WIC Assessment/Certification Form-Physical Presence of the Procedures Manual for exceptions to physical presence.

The following people may determine if special considerations are required to conduct WIC services:

- a. Doctor
- b. Nurse
- c. Nutritionist, Registered Dietitian, or Licensed Dietitian
- d. Physician Assistant
- e. Competent Professional Authority (CPA)
- f. Nutrition Services Director or Designee

A child or an infant must accompany the parent/guardian/caregiver/spouse/alternate to the WIC clinic, even with a physician's referral, **if an exception is not documented.**

C. Residency

Applicants must reside within the jurisdiction of the State of Georgia. There is no requirement for length of residency. The applicant should apply for WIC benefits in the county in which he/she resides. However, if the applicant(s) routinely receives health care services at a clinic outside their county of residence, they may apply for and receive WIC benefits **at any clinic of their choice.** Proof of residency must be provided at **initial certification. If residency change during the categorically eligibility period, a new date stamped or scanned proof is required.** Written proof of residency must include the name and street address. Post Office (P.O.) boxes are not acceptable proof of residency. However, if that is the only address that an applicant/participant has, the Proof of Residency Form for Applicants with a P.O. Box Address (**see Attachment CT-37**) must be completed by the applicant/participant. The completed form must be filed in the applicant/participant's health record. The

Proof of Residency Form for Applicants with a P.O. Box Address may be used for multiple certifications if the following applies:

1. There is no change in P.O. Box; and
2. Applicant/Participant maintains the same physical address.

The Proof of Residency Form for Applicants with a P.O. Box Address must not be recorded as residency proof. The applicant/participant must provide proof of residency. Proof of residency must be documented on the WIC Certification Form by documenting the type of proof verified, e.g., electric bill.

Residency shall be determined from an item that is on a list of acceptable proof of residency that is established in the applicant's name (see list below). In cases of a minor applicant or applicants who reside with parents/guardians, **other relatives, or with someone that is not related** and the address is in the other person's name, and with no evidence of Medicaid eligibility, the Verification of Residency and/or Income Form **(see Attachment CT-27), accompanied with a bill from the parent/guardian or other person's name, must be presented to determine residency.** Proof of residency must be documented on the WIC Certification Form by documenting the type of proof verified, e.g., electric bill. A date stamped, or scanned copy of the proof of residency must be kept in the medical record **at initial certification. If residency change during the categorically eligibility period, a new date stamped or scanned proof is required.** The information on the Verification of Residency and/or Income Form must be transferred to the WIC Assessment /Certification Form, the copy of the proof and Verification form must be filed in the participant's chart.

Acceptable proof of residency includes:

1. Electric bill
2. Gas bill
3. Telephone service bill
4. Water bill
5. Cable TV bill
6. Rent receipt
7. Health record (not a bill)
8. Medicaid Swipe Machine/Medicaid Internet Site address only if it appears on the screen. (Presumptive Medicaid is unacceptable.)
9. Signed letter from the person who is providing food or shelter
10. Other (must record the name of the document viewed on the Certification Form)

If an applicant/participant presents proof of residency containing a different name, refer to the definition of family (CT-VIII Income Eligibility.C.3).

Homeless Individuals and Migrants - Homeless and migrant applicants may not be able to provide proof of residency and are not required to present proof to receive WIC benefits. However, the No Proof Form **(see Attachment CT-28)** must be completed by the applicant.

Migrant Farm workers - Migrant farm workers are considered "residents" of the local agency service area in which they apply for WIC benefits. Migrants are not required to show proof of residency. The No Proof Form must be completed.

Military Personnel may vote and pay taxes in one state, but have one or more

temporary duty stations in another state. Their temporary duty station or where the WIC participant lives is their residence for WIC purposes.

Homeless Individual refers to a woman, infant or child who lacks a regular or primary night time residence, or whose residence is: a temporary accommodation of not more than 365 days in the residence of another individual; a public or privately operated shelter designated as temporary living and/or sleeping accommodations (including a welfare hotel, shelter for domestic violence victims); an institution that provides temporary residence for individuals intended to be institutionalized.

D. Income

Income in WIC means all “gross cash income before deduction”. Current income refers to all income received by the household during the month (30 days) prior to the date the application for WIC benefits is made. If the income assessment is being done prospectively (i.e. the sole support of that family has just been laid off but has been authorized to receive unemployment benefits for the next six months), “current” refers to income that will be available to the family in the next 30 days.

Applicants must have a gross family income at or below 185% of the Federal Poverty Level. All applicants/participants must present proof of income or adjunctive income eligibility. If proof of income does not exist, use the No Proof Form (**see Attachment CT-28**).

E. Nutritional Risk

A nutritional risk assessment must be conducted to identify all medical/nutritional risks that apply to the applicant.

F. Requirements to Copy Identification, Residency and Income Proofs

All local agencies must place a scanned or date-stamped copy of the identification, residency and income proofs used to determine eligibility in the applicant’s medical record.

Red ink cannot be used to date-stamp identification, residency, and income proof copies.

Copies of proofs to be scanned or placed in the records are:

- Proof of Identification for transfers, thirty (30)-day adjustments, initial **certification, all prenatal certifications or change in caregiver.** Proof of Residency for transfers, thirty (30)-day adjustments, initial and **any change in residency during categorically eligibility**
- Proof of Income for unresolved thirty (30)-day transfer only, thirty-day adjustments, initial and subsequent certifications

Exceptions to Copies of Proofs:

There are two exceptions for not having to copy proofs for the medical record. The two exceptions are listed below:

- Medical records in a Hospital do not have to be copied.
- Medical records in clinics do not have to be copied. Additionally, medical

records may only be used as proof if the applicant does not have any other proof. Medical records may not be used as a standard proof for daily operations and excessive use of medical records as proof will be monitored on self-reviews and state audits. Medical records cannot be used for an infant, or for initial certification of a participant who has no previous history with the clinic. Birth documents and discharge papers from the hospital may be used as proof for infants only.

Location of proofs:

- Copies of proofs must be placed behind the initial certification documentation. The exception to this rule will be based on standing District policy for the location of documents.
- Scanned or copied version of proofs must be date stamped.

Copying Proofs:

- All three proofs may be copied on one sheet of paper or scanned in a separate file on the computer.

Note: New proofs of identification and residency must be obtained at each initial certification and when any change occurs. Proof of identification must be obtained for transfers and thirty (30)-day adjustments. No proofs should be over thirty (30) days old, such as, electric bills, gas bill, etc. All proofs must be date-stamped with the date proof was obtained. Proof of income must be obtained at initial certification and each subsequent certification.

The Georgia WIC Program can use any Voter Registration card (in State, out-of-State or out-of-country) as proof of identification, only if it is a photo Voter Registration card.

Scanned Proofs:

Clinics that are scanning the proofs into the computer must ensure that all above procedures are followed. The scanned proofs must be available in the computer to be printed for monitoring purposes.

III. INITIAL APPLICATION

The initial contact date is defined as the date the individual first requests WIC benefits face-to-face, through online registration, or by telephone. The date the email was opened will be used as the initial contact date and the contact type will be (E), the email must be opened within 24 business hours of receipt (excluding holidays or clinic closure). In the event that the e-mail is not opened within 24 business hours, the contact date will be the date that the email should have been opened and processed. Written inquiries are not used to establish an initial contact date. An individual's initial contact date will remain the same, unless there is a break in enrollment. A break in enrollment is the period or lapse of time between a valid certification period and the subsequent certification. When a person fails to keep an appointment or is outside a valid certification period and requests a new appointment, the subsequent initial contact date is the new date that the participant contacted the clinic to request a new appointment.

The following items must be recorded when an individual first contacts the clinic during office

hours and specifically requests WIC benefits (face to face, online registration, or by telephone) and benefits are not provided.

1. Applicant's Name and Address
2. Category, e.g., pregnant, postpartum, infant, child, migrant
3. Initial Contact Date (date services were requested)
4. Appointment Date (date services **will or shall be** received)
5. New Initial Contact Date (date services were requested if appointment was not kept)
6. Rescheduled Appointment Date (if changed) and Reason for the Change
7. Telephone Number

Each District/clinic may develop its own system for documenting the above- numbered items 1-7 as long as it is implemented in a consistent manner. **This system must be utilized throughout the district and must be approved by the State WIC Operations Unit.** Suggested methods of documentation include, but are not limited to, a personal visit log or Request for WIC Services Log (**see Attachment CT-41**), an appointment book, or the WIC Certification/Assessment Form (**see Attachments CT-1 thru CT-5**).

NOTE: Failure to maintain this documentation will result in a corrective action.

If the applicant does not reside within the jurisdiction of the state, ineligibility procedures will be followed (see *Section XVI. Ineligibility Procedures*).

An income eligibility assessment should be made either prior to rendering WIC nutrition assessment services or as the first step in the clinic visit process. If the applicant is income eligible, he/she will be screened for nutritional risk eligibility or a clinic appointment will be given for a nutritional risk assessment. If the client is not eligible on the basis of income, the ineligibility procedures will be followed (see *Section XVI. Ineligibility Procedures*). If the applicant's income changes for any reason, the applicant may reapply for WIC services at any time. Income eligibility is valid for in-stream migrant farm workers and their families for a period of twelve (12) months. The income determination can occur either in the migrant's home base area before the migrant has entered the stream or in an in-stream area during the agricultural season.

Employees must never certify, recertify, or issue vouchers to family members or blood relatives (e.g., children, spouse, cousins, other blood-related persons or those persons related by marriage), nor to other persons residing in the same household. In cases where an employee's family member(s) requests certification/recertification, another clinic or health department staff must process the application and notify the Nutrition Services Director. If this is not possible, arrangements must be made to transfer this applicant/participant to the nearest WIC clinic. Arrangements can also be made to assign another Competent Professional Authority (CPA) to the original site on the scheduled visit day. Every attempt must be made to minimize hardship for the applicant/participant. Documentation must be noted in the client's record.

The Disclosure Statement (**see Attachment CT-30**) must be completed annually by all clinic employees who perform WIC services to inform District staff of their family participation on the Georgia WIC Program. This form must be updated if any information changes. This form must be completed by the local agency and returned to the Nutrition Services Director by September 30th of each year. A copy of this form must also remain in the county health

department / WIC clinic site for audit purposes (i.e., one copy at the clinic plus one copy at the District). The procedures for completing the Disclosure Statement are as follows:

1. Fill in the county where you work.
2. Complete your name and title.
3. Check YES or NO if you are a WIC participant.
4. Answer the question about whether you have any relative(s) within your service delivery area participating on the Georgia WIC Program.
5. If yes, fill in the name and relationship of those relatives and their date of certification on this form.

When reviewing the records of employees on the Georgia WIC Program, use the Record Review Form located in the Monitoring Section of the Procedure Manual, Food Instrument Accountability (Form 2).

Special provisions must be made for scheduling employed, rural and migrant participants. In the event normal working hours are not convenient, early morning, late evening, and weekend clinics must be held or an appointment given to meet the needs of the applicants/participants. Clinics must make provisions to provide service for those applicants/participants that need to pick up vouchers during lunch hours. **Adequate scheduling for employed participants needing appointments outside normal business hours will be monitored during state audits.**

Each local agency shall attempt at least **three contacts** for a pregnant woman who misses her first appointment to apply for WIC services. In order to reschedule the appointment, the local agency must have an address and telephone number on file where the pregnant woman can be reached.

1. **With Medical Record**
Documentation of the contact(s) must be noted in the client's record. Documentation must specify if the participant was contacted by phone or mailed an appointment. The staff must sign or initial their attempt.
2. **No Medical Record**
If the client does not have a record, documentation is still required. It is up to the local agency to keep this documentation manually on the Request for WIC Services Log (**see Attachment CT-41**), or in the computer. The State will review these files. The documentation will consist of:
 - a. The name of the client.
 - b. Initial contact date.
 - c. Appointment date.
 - d. New Initial contact date.
 - e. Date of second appointment.
 - f. Documentation of whether second appointment was made by phone.
 - g. The initials of the staff member who made the appointment.

Note: Failure to maintain this documentation will result in a corrective action.

IV. PROCESSING STANDARDS

A. Timeframes

Processing standard timeframes begin on the initial contact date. Processing standards must be met when an applicant requests services face-to-face, through online registration, or by telephone. If the local agency has issues meeting processing standards, the local agency should request an extension. Pregnant and breastfeeding women, infants, and members of migrant farm worker families must be notified of their eligibility or ineligibility within ten (10) calendar days of their initial contact date requesting Georgia WIC Program benefits. All other applicants will be notified of their eligibility or ineligibility within twenty (20) calendar days of their initial contact date. If a line forms at any clinic site for WIC services, and any applicants/participants cannot be seen that day, an appointment must be provided to each person who was not served prior to their leaving the clinic. An online **pre-registration** form is currently on the Georgia WIC website and local agency websites for applicants who request WIC services. Once an applicant requests services, an electronic message is sent to the applicant informing the applicant that his/her information has been sent to the requesting clinic and he/she will be contacted by the clinic with an appointment. In addition, an electronic email is sent to the clinic of the request.

The clinic staff must contact the participant with an appointment within twenty-four (24) business hours (excluding holidays and clinic closures), based on the date the online request was made.

A monthly report will be developed that will indicate if and when an applicant is not receiving an appointment within processing standards timelines. The online pre-registration form must be maintained in a file at the clinic for monitoring purposes.

A Request for WIC Services Log has been developed to document processing standards (**see Attachment CT-41**). If your District is already using a log to document processing standards, the **State WIC Operations Unit will review it and decide if it is approved as a log to be used**. However, if your District does not have a log, the WIC Services Log must be put into use immediately.

B. Walk-in Clinics

Walk-in clinics are an excellent way to meet processing standards. The seven (7) items collected at the time of the initial application (see *Section III. Initial Application*) must be documented. A clinic that does not routinely schedule appointments shall schedule appointments for employed adult applicants/participants who are applying or reapplying for WIC for themselves or on behalf of others to minimize the time these applicants/participants are absent from the workplace.

C. Request for Extension

The State agency may grant an extension of a maximum of fifteen (15) days to local agencies experiencing difficulty in meeting processing standards for pregnant, breastfeeding women, infants, and migrant farm workers and their families who plan to leave the jurisdiction of the local agency. Those local agencies in need of an

extension are required to submit a written request that includes justification of why an extension is needed, to the State agency. Include in your justification an assessment of your current staffing standards ratio and Planning and Resources Section (PARS) documentation. Justifiable reasons for granting an extension include, but are not limited to:

1. Rural or satellite clinics unable to provide services more than twice per month.
2. Agencies with a high migrant participation population.
3. Agencies experiencing a continuous backlog in appointments reflecting ongoing difficulty in scheduling clients for prenatal/well-child appointments.

The approval for the request for an extension will be sent via a letter from the State WIC Operations office. If approved, the extension will last for 90 days.

D. Covert (Surprise) Telephone Calls

In an effort to monitor processing standards, District staff must randomly make covert telephone calls to various local agencies quarterly. Each district will randomly call clinics in another district, assigned by the operations unit, to assess processing standards by inquiring of the next available appointment date for each WIC type. The results of those calls must be sent to the State WIC Operations office quarterly on the covert call log (see attachment CT-47).

E. Processing Standards Reports

The processing standards report must be submitted to the Operations office quarterly. The report is due on the 15th of January, April, July, and October. The report must list each clinic name and number, if the clinic met processing standards, the percentage of appointments that met, and the reason for not meeting processing standards, (See attachment CT-46 Quarterly Processing Standards Report). The submitted report will be reviewed in conjunction with findings from program reviews and compliance site visits to determine if the district is meeting processing standards. If it is determined the district is not meeting processing standards, the improvement plan (see attachment CT-48) must be submitted. The improvement plan must include the reason for not meeting processing standards, strategies developed to resolve the deficiency, position responsible, a targeted timeline the task/strategies will be completed, if the district is requesting technical assistance, and the next steps to keep compliant in meeting processing standards.

Data Elements 127 and 129 is now a critical field on the eTAD to help assess processing standards accurately. When completing the certification form the date appointment kept (DE 127) and date appointment requested (DE 129) must be completed along with DE 110 initial contact date and DE 111 initial contact type. If DE 127 and 129 are not completed VMARS will send an error message to correct before vouchers can be printed.

V. PARTICIPANT IDENTIFICATION

Identification must be presented, checked, documented and date stamped for both the applicant/participant and parent/guardian/caregiver/spouse/alternate (in the case of infant and child applicants/participants) at initial. The identification must be documented before

issuance of benefits at a certification. (For a person picking up vouchers – See Food Delivery Section of the Georgia WIC Program Procedures Manual.) Clinic staff may not personally identify an applicant/participant even if they know the identity. Other records which clinic staff considers adequate to establish identity may be used if approved by the District Nutrition Services Director or designated CPA. Other records used for identification purposes that have been approved by the District must be documented on the Certification Form.

Acceptable Documentation:

1. Birth Certificate/Confirmation of Birth Letter
2. State ID
3. Driver's License
4. Military ID
5. Work or School ID
6. Social Security Card
7. WIC ID (for Voucher Issuance Only)
8. Hospital ID Bracelets (mother & baby)
9. EVOG/VOC Card (with additional ID)
10. Immunization Record (if a client is using health department services or a copy of the immunization record from their primary care physician if signed by a medical professional)
11. Georgia WIC Referral Form #2 (hospitalized newborn only)
12. Passport or Passport Card
13. Health/Medical Record (already exists in the clinic or the record is transferred, not for initial certification or infants)
14. Other (with explanation/description)

Note: WIC applicants and participants can use expired picture identification as a form of Proof of Identification only.

Immigrants, migrant farm workers, or individuals who have experienced theft, loss, or disaster may not be able to provide an acceptable proof of identification. In limited and special situations the No-Proof Form may be utilized and must be completed by the applicant (**see Attachment CT-28**). A police report may be required for individuals claiming theft or loss and attached to the No Proof form.

Note: Only one (1) piece of identification is required per applicant and only at initial certification and each prenatal certification.

VI. Georgia WIC Program IDENTIFICATION (ID) CARD

General

During the certification appointment, a WIC identification (ID) card (see the Food Delivery Section) must be completed and issued to any person who is enrolled in the Georgia WIC Program. A WIC ID card may be issued to an alternate. In instances where more than one (1) family member has been certified, each name should be listed on one WIC ID card rather than issuing each family member a separate card. The ID card may be used for four (4) certification periods. Clinic staff must be certain that the person is properly certified for the Georgia WIC Program before completing and issuing an ID card. English and Spanish WIC

ID cards are mailed bi-annually to each district based on a participant caseload/ID card distribution calculation.

The Georgia WIC Program ID card or another form of identification must be presented by the participant/parent/guardian/caregiver/spouse/alternate and documented each time vouchers are picked up at the clinic. An alternate must present a valid identification with the WIC ID card when picking up vouchers. If a participant/parent/guardian/caregiver/spouse/alternate does not possess or has lost his/her ID card, other identification is acceptable as verification and a new WIC ID card may be issued. Valid examples are: Social Security card, birth certificate, driver's license, etc.

When identity is checked for the person picking up for certification, it must be documented. The same verification codes used for certification must be used and documented as listed below:

1. Manual Vouchers – Document on the Manual Voucher copy under the date.
2. Voucher Management and Reporting System (VMARS) – Document on the receipt under User's ID.

A. Required Data

All items on the front must be completed before issuing the WIC ID card.

FRONT:

1. Participant's name
2. WIC ID number
3. Date certification period expires
4. Participant/parent/guardian/caregiver/spouse/alternate signature
5. Signature of alternate (s) if the participant designates one:
 - a. Refer to Food Delivery Section if the participant/parent/guardian/caregiver/spouse/alternate is unable to write.
 - b. This may be accomplished by the participant/parent/guardian/caregiver/spouse/alternate after he/she has left the clinic.
 - c. An alternate can be designated at a later time, via telephone call or in person; however the alternates name and signature must be on the card before the alternate can receive WIC services.
6. Signature of clinic WIC official
7. Date card was issued
8. Georgia WIC Program Stamp (must appear in the designated box)

Note: Do not pre-stamp stock of the Georgia WIC Program ID cards.

It is required that all of the information on the back of the WIC ID card also be completed.

BACK:

1. Appointment information
2. Voucher pickup code
3. Voucher interval code
4. Comments when needed
5. Clinic identifying information

6. Clinic telephone number
7. Clinic fax number
8. 30 day proof (if applicable)
9. Date of Last Issued Vouchers

B. Participant Instructions

Participant/parent/guardian/caregiver/spouse/alternate must be instructed on the purpose and use of the WIC ID card. The following is a guide to the information that should be given to the participant regarding the WIC ID card. Whenever possible, the participant’s alternate(s) should be present during the explanation or the participant should be reminded of their responsibility to inform their alternates of the purpose and use.

1. The WIC ID card identifies an authorized WIC participant when picking up and/or redeeming vouchers. You should keep vouchers with the WIC ID card. You must have your WIC ID card in your possession when picking up vouchers, at certifications and when redeeming vouchers at the grocery store. An alternate must have the WIC ID card to pick up or redeem vouchers. Refer to the section below for more information regarding alternates and proxies.
2. Notify the clinic if the WIC ID card is lost or stolen.
3. Explain the “Expiration Date” and when the participant will be due for eligibility screening.
4. Explain shopping procedures (e.g., review allowable items, importance of separating foods, etc.).
5. Explain the purpose of the next scheduled appointment (i.e. Nutrition education certification).

VII. ALTERNATES AND PROXIES

General

The purpose of an alternate is to allow a WIC authorized person (Participant, Parent, Guardian, or Caregiver) to designate an alternate person(s) to perform WIC services for members of the authorized person’s family, and/or to obtain or redeem WIC food benefits. The purpose of a proxy is to allow another person to obtain or redeem vouchers when neither the participant, parent/caregiver nor the designated alternate is available. The WIC authorized person can designate another person who has valid ID as a proxy. The proxy can pick up and/or redeem one month’s worth of WIC food benefits for the WIC authorized person. Use of a proxy is limited to twice in a twelve month period.

Policy

A WIC authorized person applying on behalf of an infant or child may designate an individual to act as their alternate. The alternate may act on their behalf when they are unable to attend WIC appointments or redeem WIC benefits at a WIC authorized vendor. The WIC authorized person must be informed of the right to have an alternate and of the responsibilities of an alternate during the certification visit. The authorized person is responsible for properly training their alternates on the use of food benefits and understands that WIC will be unable to replace any food benefits used improperly or not made available to the authorized WIC person by the alternate. The authorized WIC person will be liable for any resulting sanctions from their appointed alternates.

1. An alternate is a person who acts on behalf of the participant. An authorized alternate may pick up and/or redeem vouchers and may bring a child in for subsequent certifications, mid/half-cert, or nutrition education.
2. A person who is certified for the Georgia WIC Program and issued a Georgia WIC Program ID card may designate up to two (2) persons to act as an alternate.
3. An alternate should be a responsible person who the WIC authorized person trust and, whenever possible, should be another person in the same household as the participant.
4. Each alternate is issued an alternate letter that explains all alternate responsibilities (see Attachment CT-45).
5. An alternate must be limited to picking up vouchers for two (2) families statewide.
6. If an alternate picks up vouchers or brings a child in for subsequent certification or mid/half certification, WIC clinic staff must ensure that adequate measures are taken for the provision of nutrition education and health services to the participant.
7. Documentation of alternates must be recorded on the following:
 - Georgia WIC Program ID Card
 - Certification Form
 - Computer (formerly proxy section of the certification form)
8. Explain the purpose of the next schedule appointment (i.e. Nutrition education certification)

Note: Some local agencies maintain a Tickler card. However, this is a local agency option.

A. Reasons for Alternates

Situations where alternates may participate in the subsequent certification of a child include:

1. Illness of the parent, guardian, or caregiver
2. Imminent or recent childbirth
3. Parent, guardian, or caregiver's inability to come to the clinic site during business hours and
4. Other extenuating circumstances

B. Authorization

An alternate must be authorized by a WIC authorized person. When an alternate is designated, the WIC authorized person must have the alternate sign his/her name in the designated space on the WIC ID card in their presence (refer to the Food Delivery Section if an alternate is unable to write). The WIC authorized person (parent, guardian or caregiver) should be listed in the health record whenever possible. Without this documentation, local agencies have no proof of who has legal responsibility for a WIC participant and health services may be denied.

C. Voucher Pick Up, Issuance, and Use

In order to pick up WIC vouchers, an alternate must bring the participant's WIC ID card along with the alternates own ID. When an alternate presents for voucher pick up and a nutrition education contact is due, the alternate is required to attend the Nutrition Education (high and low risk) class for the participant he/she is picking up

vouchers for. If they cannot attend the class, only one month of vouchers must be issued. Should the alternate attend the nutrition class, it shall be counted as one of the required nutrition education contacts for the participant.

D. Restrictions

1. Age - An alternate must be at least sixteen (16) years old, unless prior approval is obtained from the District Nutrition Services Director or designated Competent Professional Authority (CPA). Approval must be documented in the participant's health record.
2. Staff – State, District Health Department, and local staff, including volunteers working for the local health department or WIC clinic may not act as alternates for participants.
3. Vendors – Georgia Authorized Retail Vendors must not be used as an alternate.

E. Participant Instructions

When an individual is certified for the Georgia WIC Program, explanation of the following must be provided: alternate's use and function, the importance of choosing responsible alternates, how to authorize an alternate, and the participant's responsibility for instructing alternates on the proper procedures of voucher redemption.

The alternate must have or be able to provide the following information in order to certify a child:

1. A statement of family size and documentation of income (Paystub, Medicaid, TANF, SNAP, etc.), residency and ID Alternate's ID
2. WIC ID card
3. Knowledge of the child's medical history and nutritional habits/normal nutritional intake.
4. ID of the child
5. Proof of residency of the child
6. Local agency staff may withhold privileges of the alternate who has misused WIC benefits.

Note: The alternate should have the same knowledge regarding the above as you would expect the parent to have.

PROXY (IES)

When neither the parent/caregiver nor the alternate is available, the WIC authorized person can designate another person who has the WIC ID card and a valid ID as a proxy. The designated proxy can pick up and/or redeem one month's worth of WIC food benefits for the WIC authorized person. Use of a proxy is limited to twice in a twelve month period, unless approved by the State WIC Office.

Procedure:

1. A WIC proxy form is completed by the WIC authorized person and given to the designated proxy.

2. The designated proxy presents the completed WIC proxy form, the WIC ID card, and proof of ID to the WIC staff.
3. If the WIC authorized person gives permission on the WIC proxy form for the proxy to pick up WIC vouchers, the WIC staff will print only one month of vouchers for the authorized WIC person's family.
4. Document the use of the proxy in the participant's record or the computer notes/comments section to be referred back to, as needed.

F. Guardianship

Definition of Spouse: The legal husband/wife of the primary parent of the participant.

Definition of Guardian: The legal or court-appointed custodian/caregiver of the child.

Definition of Alternate Parent: The other parent of the child. A spouse and the biological parent can be an alternate parent.

Definition of a Caregiver: The Caregiver is the pregnant, breastfeeding, or postpartum woman herself; or a parent of an infant or child. "Parent" may refer to the natural, adoptive, foster or stepparent. If not a parent, the caregiver may be a "legal guardian" or a person who has been awarded "temporary legal custody." In the total absence of a parent or legal guardian/custodian, a caregiver can also refer to a non-parent adult without legal guardianship who provides the financial support and care of an infant or child that resides in their home. "Absence of a parent" can refer to a variety of situations when the infant/child is left with a non-parent, such as the custodial parent is incarcerated, moves away, or other extenuating circumstances.

According to 7 CFR 246.7 (c), the eligibility requirements for the WIC Program include: 1) being an infant, child, pregnant, postpartum or breastfeeding woman, 2) residing within the jurisdiction of the State, 3) meeting the income criteria, and 4) being individually determined to be at "nutrition risk" by a health professional or a State or locally trained health official. Determination of guardianship or custody is not a condition of eligibility.

It is not the WIC Programs role or responsibility to establish or verify guardianship or custody. Therefore, the State agency should not require an individual to provide documentation or sign a form indicating this legal responsibility before someone is deemed eligible for the WIC Program or at any time.

Whenever a participants caregiver is reassigned, the newly documented caregiver must sign a statement of rights and responsibilities/obligations (246.4(a)(11)(i) and 246.7(i)(1)). This acknowledgement gives the WIC Program the authority to pursue individuals believed to be intentionally misrepresenting facts, providing misinformation, or otherwise defrauding the Program. Copy and file the documentation in the participant's chart and place the child(ren) on the Georgia WIC Program. When a caregiver or someone other than a parent is applying for services on behalf of an infant or child, a rights and obligations statement must be read, signed by the newly designated caretaker, and placed in the participant's medical record to reflect the caretaker change. (See Caregivers Statement of Change Form). Please note, the applicant, parent, or guardian must sign a statement of rights and responsibilities/obligations (246.4(a)(11)(i) and 246.7(i)(1)), which is the statement

listed on the certification form. This signed statement/acknowledgement gives the WIC Program the authority to pursue individuals believed to be intentionally misrepresenting facts, providing misinformation, or otherwise defrauding the Program, therefore it is imperative to stress this fact when the applicant is reading and signing the rights and obligations statement.

When a guardian requests services, it is important to ask if they have any documentation regarding guardianship. If documentation is available, make a copy of the documentation and place it in the health record. If documentation is not available, do not deny services the signature on the Rights and Obligations form shall serve as documentation. Hence, The Rights and Obligation statement regarding making false statements and intentional fraud must be stressed to each guardian requesting WIC services at each certification. This process shall be monitored during program review visits.

For children in foster care without adequate paperwork from DFACS, do not deny service or issue a thirty day notice. Transfer the participant into the clinic and issue only one month of vouchers.

VIII. INCOME ELIGIBILITY

To be eligible for the Georgia WIC Program, an applicant/participant must present proof of gross annual family income equal to or less than 185% of the Federal Poverty Level. Income is defined as gross cash income before deductions. The Georgia WIC Program's income guidelines are implemented simultaneously with the Medicaid program's income guidelines.

The Healthy Meals for Healthy Americans Act of 1994, P.L. 103-448, provides regulations for conducting the Georgia WIC Program income assessment/determination for pregnant women. According to the act, a pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s). In keeping with current policy, confirmation of multiple gestations must be received verbally or via a written diagnosis from a physician or acting health professional under standing orders of a physician and documented in the participant's health record. The change in policy applies to income determination of a pregnant woman and her children. For example, if a pregnant woman is counted as two on her first visit to the office, and the pregnant woman comes back to the clinic to place her child(ren) on the Georgia WIC Program, the pregnant woman and fetus will continue to be counted as two people in the family. The use/implementation of this policy must not conflict with cultural, personal or religious beliefs of the individuals.

A. Procedures

All local agencies must use the following procedures and criteria to determine income eligibility for all the Georgia WIC Program applicants/participants:

1. Pre-screening by telephone - Pre-screening for income over the phone is a local agency/clinic option. If an appointment is made based on the pre-screening call, this is considered the initial contact date. However, the formal application for WIC begins when the applicant/participant visits the clinic. Income eligibility must be assessed at that time.

2. Confidentiality/Privacy - Clinic personnel who interview applicants for the Georgia WIC Program must determine the family size and income eligibility with as much confidentiality and privacy as possible.
3. Determining Family Size/Income Eligibility - Family size must be determined first (see Income Eligibility). Then the income for that family must be calculated and compared to the maximum income allowed for that family size (see Attachment CT-13). Income eligibility must be determined before nutritional risk eligibility. When determining the income of the WIC applicant, the Income Calculation Form must be completed if the applicant does not qualify for adjunctive or presumptive eligibility and if the applicant has more than one income to calculate (see Attachment CT-31). If only one income was reported, place a check in the designated space behind the statement "check here if only one income reported".

Procedures for Completing the Income Calculation Form:

All local agencies must complete the Income Calculation Form (see Attachment CT-31). If the applicant does not qualify for adjunctive eligibility and has more than one income to calculate, income calculation may also be done in the computer system. Each system will be reviewed on a monitoring visit to determine compliance. When completing this form:

1. Write/type in the WIC ID Number if applicable (the ID number is an eleven-digit number).
2. Write/type name of the WIC applicant.
3. Write/type the address of the WIC applicant.
4. Complete the Income Calculation by filling in the following:
 - a) Date
 - b) Relationship and name of the person whose income is being given.
 - c) Income source (which is a two-digit alphabet, e.g., PS for pay stub).
 - d) Dollar amount earned which can be weekly/bi-weekly, monthly/yearly.
5. Other Income Section:
 - a) Complete the dollar amount earned by each family member. Circle if the amount earned is weekly/bi-weekly, monthly/yearly.
 - b) Total the amount of all income earned. Circle if the amount earned is weekly/bi-weekly, monthly/yearly.
 - c) Answer the question, "Is the applicant income eligible?" YES or NO?
 - d) Transfer this total to the Certification Form.
 - e) Have applicant read their Right and Obligations.
 - f) Have the applicant sign this form.
 - g) Signature & date of staff accepting income.

B. Adjunctive (Automatic) Eligibility

“Adjunctive” or automatic income eligibility for WIC applicants/participants is mandated for the following individuals:

- Recipients of Supplemental Nutrition Assistance Program (SNAP) and members of a household currently participating in SNAP.
- Recipients of Temporary Assistance for Needy Families (TANF) and family members.
- Recipients of Medicaid or members of families in which a pregnant woman or infant who receives Medicaid. This includes Presumptively Eligible Medicaid Recipients.

When a prenatal woman or infant receives Medicaid, other family member(s) may qualify:

1. If a pregnant mother qualifies for Medicaid and is on the Georgia WIC Program, her infant and children will qualify for WIC.
2. If an infant qualifies for Medicaid, his/her pregnant, breastfeeding, or postpartum/non-breastfeeding mother may be placed on the Georgia WIC Program using the infant’s Medicaid number.
3. A child on Medicaid cannot qualify his/her mother or a sibling.

When an applicant qualifies for adjunctive eligibility, document the Program for which the applicant is eligible.

Note: Persons who are adjunctively income eligible for WIC must also be categorically eligible and assessed for medical/nutritional risk to qualify for the program.

Acceptable Proof of Income Eligibility

The WIC applicant may present one of the following as acceptable proof of income eligibility.

1. Medicaid: An applicant/participant who is enrolled in Medicaid will be issued a Medicaid identification card. This card will contain the participant’s name, identification number, date of issue and the primary care provider. Current eligibility may be verified by using the Medicaid web portal. Active status on the printout will indicate current Medicaid eligibility. If the participant’s address appears on the printout, it may be used to verify residency.

A participant who is enrolled in Medicaid but does not have a card at the time of certification may have eligibility verified by keying the name and date of birth into the Medicaid web portal.

Infants are issued a Medicaid number at the time of birth. Should a Medicaid eligible infant come to clinic for the first time without the Medicaid card, ask the mother if the hospital issued a temporary Multi Health Network (MHN) number for the infant. If the mother does not have one, the Interactive Voice Response (IVR) may be used to provide it by dialing 770-570-3373 or 1-866-211-0950. Place the twelve-digit number in the field provided for Medicaid numbers. Follow the above procedures on using the Medicaid web portal.

2. SNAP: An applicant/participant who receives SNAP benefits must present a notification letter with dates of eligibility. A copy of the notification letter must be date stamped and placed in the medical record.

Electronic Benefit Transfer (EBT) Card: EBT cards are currently being used for the SNAP and Temporary Assistance for Needy Families (TANF) Programs. The EBT card cannot be used as proof of eligibility for applicants/participants who receive benefits from SNAP or TANF.

3. Temporary Assistance for Needy Families (TANF): An applicant/participant who receives services from TANF must present a notification letter (with dates of eligibility). A copy of the notification letter must be date stamped and placed in the health records as appropriate documentation.

PeachCare: All PeachCare clients must be assessed for WIC income eligibility.

C. Computing Income

1. If a household has only one income source, or if all sources of income have the same frequencies, do not use the conversion factors. Compare the income, or the sum of the separate incomes, to the published Income Eligibility Guidelines (IEG) for the appropriate frequency and household size to make the WIC income eligibility determination.
2. If a household reports income sources at more than one frequency, perform the following calculations:
 - a. Annualize all income by multiplying weekly income by 52, income received every two weeks by 26, income received twice a month by 24 and income received monthly by 12.
 - b. Do not round the values resulting from each conversion.
 - c. Add together all the unrounded, converted values.
 - d. Compare the total to the published IEGs (annual income for the appropriate household size) to make the final income eligibility determination. Do not recalculate the published IEGs, as they are already calculated and rounded up to the next whole dollar prior to being published in the Federal Register.

Look for the “total income” line item on the income tax return. Use the dollar amount on this line and divide by twelve (12). This is found on the following forms: Form 1040EZ: Line 4, Form 1040A: Line 15 and Form 1040: Line 22.

The number in the family will also be listed under exemptions. Total income should reflect current circumstances.

3. Definition of Family/Economic Unit

Family is defined as a group of related or non-related individuals who are living together as one economic unit. Families or individuals residing in a homeless facility or an institution shall be considered a separate economic unit.

- a. Children Residing with Alternate Parent - A child is counted in the family size of the parent, guardian, or alternate parent with whom the child lives, with the exception of the foster child (see paragraph "b" below). For example, an abandoned child being cared for by a grandparent would be counted in the family size/household of the grandparent.
- b. Foster Child - If the child is a foster child living with a family but remains the legal responsibility of a welfare agency or other agency, the child is considered a family of one (1). The payments made by the welfare agency, or any other source for the care of that child is considered to be the income of that foster child. In most situations, all foster care children are income eligible.
- c. Adopted Child - If a child lives with a family who has accepted permanent legal responsibility for him/her, the child is counted in the family size of the family with whom he/she resides.
- d. Joint Custody - A child who resides in more than one home as a result of a joint custody situation shall be considered part of the household of the guardian who is applying on behalf of the child.
- e. Pregnant Women - A pregnant woman who does not meet income eligibility requirements for the Georgia WIC Program on the basis of her current family size shall be reassessed for eligibility based on a family size increased by one or the number of expected infant(s).
- f. Absent Spouse (excluding military families) - A household where the spouse is away and maintains a separate residence due to job related assignments shall be considered a separate economic unit without the inclusion of the spouse. Only income received by the household would be used to determine eligibility.
- g. Students
 - (1) College students who maintain a separate residence at school but who are supported by parents/guardians must be counted in the household of the parent/guardian. Students who maintain a separate residence and are self-supported must be counted as a separate household. Any regular cash supplements received from parents or guardians must be included in the student's total income.
 - (2) If a student receives financial assistance from any program funded under Title IV (e.g., the Pell Grant, Supplemental Educational Opportunity Grant, Byrd Scholarship, Student

Incentive Grant, National Direct Student Loan, PLUS, (College Work Study, etc.) the following guidelines must be followed:

- (a) The portion of federally-funded student aid that is used by the student for books, materials, tuition, fees, supplies and transportation will not be counted as income.
 - (b) Any portion of the aid that is used for room and board or dependent care costs will be counted as income.
- h. Aliens/Foreign Students - It is legal for an alien/foreign student and his or her family to receive WIC benefits. Neither WIC-authorizing legislation nor the Federal WIC regulations require citizenship or make aliens categorically ineligible for the Georgia WIC Program. State and local agencies do not have the authority to exclude aliens solely on the basis of their alien status.
- i. Military Families
- (1) Military personnel serving overseas or assigned to a military base are considered to be members of the family and their income should be included when determining family income.
 - (2) If children are in the temporary care of others while their parent is assigned elsewhere or if the child (ren) and one parent temporarily move in with friends or relatives, choose one of the following options:
 - (a) Count absent parents and exclude current caregivers.
 - (b) Count children as a separate economic unit. The children are considered as having their own source of income (e.g., child allotments). When using this method, Districts must decide whether the income is adequate to sustain the children. If the children's income allotments are not adequate, then option 1 or 3 should be used.
 - (c) Count children as members of the caregiver's household.

Determine family size based on the family with whom the child(ren) is/are living. Include the children in the family size. When taking income for the military employee, the pay stub for the military is called the Leave and Earning Statement (LES).

Therefore, when an applicant is in the military:

1. Review the Leave and Earning Statement (LES) and find the amount received.
2. Add all applicable income inclusions (for a complete list (see **Attachment CT-44**))
3. Subtract all applicable income exclusions (for a complete list (see **Attachment CT-44**))
4. If the household appears to be over-income because the LES

includes pay for any of the following, try to get a history to determine annual income:

- 300 Hazardous or foreign duty
- 301 Back pay or combat pay
- 302 Family separation
- 303 Clothing allowance

EXAMPLE: Peter, Florence and their children Charles and Todd live off base. They receive \$2,490 per month, which includes a Living Quarter Allowance (LQA).

\$2,490 Monthly amount

\$ 350 LQA

\$2,140 per month for four (4) people

The LES contains:

Individual's name and Social Security number

Individual's rank

Years of service

Base Pay - dollar amount they receive

Separate Rations (money for food) - dollar amount they receive

BAH (Basic Allowance Housing) - dollar amount received

BAQ - dollar amount they receive Basic Allowance Quarters

BASD (Basic Active Service Date) - when they started in the Army

ETS (Expiration of Term) - when their enrollment is completed and allotments are paid out

Combat Pay for WIC Income Eligibility Determination: A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. Combat pay received by the service members is normally reflected in the entitlements column of the military LES. Combat pay is excluded for the following reason:

- If received in addition to the service member's basic pay
- If received as a result of the service member's deployment to or service in an area that has been designated as a combat zone, and
- If not received by the service member prior to his/her deployment to or service in the designated combat zone

- j. Children Not Residing in the Household (excluding military families as outlined above) - Children not residing in the household to whom child support is paid as a result of divorce may not be considered part of the WIC applicant's family. A WIC applicant may count in his/her family size as a child who resides in a school or institution if the child's support is paid for by the WIC applicant's family.

- k. Verification of Residency and/or Income Form – The Verification of Residency and/or Income Form is to be given to any potential applicant to assist them in collecting necessary documentation from other members of the family (economic unit) to determine income eligibility under the Georgia WIC Program. Clinics are encouraged to determine presumptive Medicaid eligibility prior to issuing the Verification of Residency and /or Income form to any potential applicant who does not qualify (see Attachment CT-27).

Procedures for Completing the Verification of Residency and/or Income:

- (1) Write in the name(s) of the WIC applicant(s) along with the address that is given.
- (2) Sign your name at the bottom portion of this form along with date given to the WIC participant.
- (3) Complete or fill in the date that the form must be delivered back to the clinic.
- (4) Once the form is received, write in the date received and have the person who received it sign the letter.
- (5) Form should be completed when the applicant/participant does not have proof of income or residency in their name.

- l. Migrants
Income for migrants must be taken annually. Migrants will not be required to show proof of income; however, they must give their income verbally and the No Proof Form must be signed (see Attachment CT-28). When the No Proof Form is completed, it becomes documented proof of income for that certification period and must be placed in the applicants' health record.

- m. No Proof Form
The No Proof Form is to be used when the applicant cannot provide proof of ID, residency or income. Limit use of the No Proof Form to applicants who are in a situation unlikely to yield written documentation, such as:

1. Fire
2. Theft
3. Disaster
4. Migrant Status
5. Homelessness
6. Employer who refuses to write a letter for employee when employee is paid in cash (day workers, domestic, etc)
7. An applicant whose spouse or partner refuses to give income information.

If used, a detailed summary must be written by the applicant or adult applying on behalf of an infant/child applicant, as to the reason for not having this documentation and must be filed in the health record (see Attachment CT- 28).

The applicant or adult applying on behalf of an infant/child

applicant must self-declare income and family size and write and sign a statement explaining why they are unable to obtain proof of family income. Do not accept an incomplete No Proof Form. Do not certify and issue benefits to an applicant who self-declares an income for family size that exceeds the WIC income guidelines. A No Proof Form can be used only during certification. A No Proof Form cannot be used when participant brings back Thirty (30) day missing proof.

Clinics are required to maintain a No Proof file. The No Proof file must contain a copy of the completed No Proof Form or a list of the participants. This file will be monitored for compliance by the review team during District Program Reviews.

n. Temporary Thirty (30)-Day Certification

This policy applies to clients who meet all other eligibility requirements and do have proof of identity, income and/or residency but fail to bring it to the WIC clinic for the certification visit. The Identification, Residency and Income Proof List should be routinely given to the client to clearly communicate the kinds of information they will need to bring for certification visits (see Attachments CT-32 and 33). Clinic procedures for issuing Thirty (30)-day certification are as follows (see Attachment CT-34):

1. Procedures for Thirty (30)-Day Certification

When an applicant/participant arrives in the WIC clinic without proof of residency, income and/or identification:

- (a) Place the applicant on the Georgia WIC Program using the Thirty (30)-day rule.
- (b) Proof that is not available on site must be entered as “NO” in the appropriate field on the computer.
- (c) Complete the Thirty (30)-Day Form. Give the client the original copy and place copies of the form in the Medical Record and the thirty (30)-day file.
- (d) The computer system will update for the thirty (30)-day eligibility. When a month has 28-31 days, the system must be fixed to accommodate the number of days per month. If your District is using hand written forms, your District must use the same procedures located in your District Computer System for calculating days.

2. Procedures when applicant/participant brings back required proof:

If the participant returns with proof of residency, income or identification prior to the thirty (30)-day period, generate and submit an updated Turn Around Document (TAD) to include the new information. The “up _____” field has been added as a reminder to update the information on the hard copy of the Certification Form only once the participant returns to the clinic with the required information.

The “up: _____” is found in the following sections of the Certification Form:

- Proof of residency
- Current ID
- Gross income
- Source of income code
- Staff initials
- Date

Utilize the “up_____” field as follows:

- (a) Update your computer system and submit an updated TAD.
- (b) When one or more of the fields are updated, the staff must initial and date the back of the form (hard copy only).
- (c) When income is updated, the amount and source must be updated. **If Medicaid is used, the income source (MV) and Medicaid number and eligibility date must be updated. If SNAP or TANF is returned, changed the “N” to “Y” and copy or scan the proof and document in file.**
- (d) If the applicant/participant is found to be over income, provide a termination letter or Thirty (30)-Day Certification/Termination form, (see Attachment CT-34), stating that he/she is being terminated from the Georgia WIC Program due to over income. **A termination report is generated and the termination must be entered into the computer’s front-end system.**
- (e) The applicant/participant must return with the information. An alternate may provide the necessary documentation to complete the thirty (30)-day certification process.

3. Procedures when applicant/participant fails to bring back proof:

It is the responsibility of the clinic to terminate participants who fail to bring back proof to the clinic within thirty (30) days of certification. Under no circumstances should a second, subsequent 30-day certification period be used if an applicant fails to provide the required documentation of income before the temporary certification period expires.

If the participant fails to return within thirty (30) days, the clinic must terminate the participant using the term code “L” (Failure to return with proof on the thirty (30)- day certification). The Georgia WIC Program contractor will

automatically terminate the participant if an update is not received. A Termination Report is generated and the terminations must be entered into the computer system.

(a) Reversing Terminations
 If the applicant returns after the thirty (30)-day grace period, a reversal can be made for any participant in a valid certification period. The updated information must be entered in the term reversal Electronic Turn Around Document (ETAD).

(b) Procedure for Participant Transfers

1. When a participant transfers to another District the receiving clinic must call the original clinic to determine the client's thirty (30)-day status. The original clinic must notify the new clinic about the client's thirty (30)-day status.
2. Vouchers must never be issued if the participant has not brought back the necessary information.
3. Procedures when applicant/participant is over-income:
 - (a) Document on the Thirty (30)-Day form that participant is terminated from the Georgia WIC Program
 - (b) Staff must sign and date the Thirty (30) Day form in the thirty (30)-day file and medical record
 - (c) Give the participant a termination notice or the Thirty (30)-Day form from the thirty (30)-day file
 - (d) Make thirty (30)-day adjustment on the Certification Form
 - (e) Copies of the income proof used must be made, date stamped or scanned and placed in medical record
 - (f) Participant is terminated in the computer system

o. Hospital Certification
 If the local agency has a Memorandum of Agreement (MOA) or a completed Consent to Obtain Information form, document on the Certification Form that the hospital health record was the source viewed for identification and residency.

If the hospital record has recorded a Medicaid number, document on the Certification Form that the hospital health record was the source viewed for income.

- p. Applicant Earning Cash Income with No Documentation
There may be WIC applicants that have cash jobs with no documentation of their income. Ask them to complete the No Proof Form indicating what their income is. Ask for documentation first (see Attachment CT- 28).
- q. Zero Income Applicants
Complete applicable questions on back of assessment form. See “Income Eligibility – Applicants with Zero (0) Income” at CT-VIII. E.
- r. Income Inclusions
- a. Monetary compensation for services, including wages, salary, commissions, or fees
 - b. Net income from farm and non-farm self-employment
 - c. Social Security benefits and/or Supplemental Security Income (SSI)
 - d. Dividends or interest on savings or bonds, income from estates or trusts, or net rental income
 - e. Public assistance or welfare payments
 - f. Unemployment compensation
 - g. Government civilian employee or military retirement, pensions, or veterans' payments
 - h. Private pensions or annuities
 - i. Alimony or child support payments
 - j. Regular contributions from persons not living in the household
 - k. Basic Allowance for Subsistence (BAS) is cash payment added to base pay and is counted as part of all cash income for military families
 - l. Net royalties
 - m. Other cash income. This includes, but is not limited to, cash amounts received or withdrawn from any source including savings, investments, trust accounts, and other resources which are available to the family (e.g., money from friends and relatives).
 - n. Student Grant, Scholarship (does not include Pell Grant).
- s. Income Exclusions
- a. The value of in-kind housing and other in-kind benefits. An in-kind benefit is anything of value, which is not provided in the form of cash.
 - b. Income or benefits received under any Federal program, which are excluded from consideration as income by any legislative prohibition. These include, but are not limited to:
 - (1) National School Lunch Act and the School Breakfast Program
 - (2) Food and Nutrition Act of 2008
 - (3) Job Training Partnership Act
 - (4) Home Energy Assistance Act of 1980
 - (5) National Older Americans Volunteer Program

- (6) Domestic Volunteer Service Act of 1973 (VISTA, Foster Grandparents, Retired Senior Volunteers Program, Senior Companions Program)
 - (7) Child Nutrition Act of 1966
 - (8) Small Business Act
 - (9) Uniform Relocation Assistance and Real Property Acquisitions Policies Act of 1970
 - (10) Military Housing - BAH
 - (11) Title IV Student Financial Assistance
- c. Bank loans, other payments, or benefits provided under certain Federal programs or acts to be excluded may be found in the Federal WIC Regulations at 7 C.F.R. Part 246.
 - d. Child care benefits provided under grant programs to states shall not be treated as income in Federal programs such as WIC. Childcare benefits provided under section 402 (g)(1)(E) of the Social Security Act, At-Risk Child Care Programs, and Child Care and the Development Block Grant Programs in Georgia are excluded from the WIC income eligibility process.
 - e. Non-payment of child care benefits is not considered income. Benefits received in the form of cash or any other instrument that can be converted into cash may be considered income in the WIC income eligibility process. For WIC purposes, current Georgia WIC Program policy regarding any cash available to a family is applied.
- t. Unemployment - Applicants from families with adult members who are unemployed shall be eligible based on income during the period of unemployment if the loss of income causes the current rate of income to be less than the income guidelines. Persons who are on leave that they requested themselves are not considered unemployed. For example, persons who request maternity leave or a teacher who is not paid during the summer would not be considered unemployed. In these instances, it may be more appropriate to use annual income to determine eligibility. If a woman is on extended maternity leave [greater than six (6) months], it may be more appropriate to use current income to determine eligibility.
 - u. Self-Employment – Both farm and non-farm, self-employed persons are assessed for WIC income eligibility using net income rather than gross income. In families where adult members are self-employed, they may not know their net income. To calculate net income, use the most current Internal Revenue Service (IRS) tax return as a basis for calculating net income for both farm and non-farm self-employed income.
 - v. Net income for self-employment - is figured by subtracting operating expenses from gross receipts. Gross receipts include the total value of goods sold or service rendered by the business. Operating expenses include, but are not limited to: the cost of

goods purchased; rent; heat; utilities; depreciation; wages and salaries paid; and business taxes (not personal Federal, State, or local income taxes). The value of saleable service and merchandise used by the family of self-employed persons is not to be included as an operating expense.

Net income for self-employed farmers - is figured by subtracting the farmer's operating expenses from the gross receipts. Gross receipts include, but are not limited to, the value of all products sold; money received from the rental of farm land, buildings or equipment to others; and incidental receipts from the sale of items such as wood, sand, or gravel. A farmer's operating expenses include, but are not limited to: the cost of feed, fertilizer, seed and other farming supplies; cash wages paid to farmhands; depreciation; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (but not state and Federal income taxes). The value of fuel, food, or other farm products consumed by the family is not included as an operating expense.

Note: For farm and non-farm self-employed persons, documentation of depreciation must be obtained before accepting such charges as operating expenses. Either Federal or state income tax forms for the most recent tax year would provide the most reliable documentation of these amounts. In a household where there are wage earners and self-employed members, the wage earner's income may not be reduced by the business losses of the self-employed member. If the self-employed person's income is negative it should be listed as zero (0).

- w. Hardship Conditions - Hardship conditions have been calculated in the Income Poverty Guidelines Chart. Hardship conditions are not to be considered when determining income.
- x. Lump Sum Payments - Lump sum payments may be classified in two ways, either as reimbursement or new money.

Reimbursement payment(s) represents money received for loss of assets or injuries to real or personal property. Reimbursement lump sum payment(s) should not be counted as income for WIC eligibility purposes.

Examples include but are not limited to insurance reimbursement, payment on specified household expenses or medical expenses.

New Money is money received as gifts, inheritances, lottery winnings, workman's compensation for lost wages, or severance pay. Lump sum payments that represent new money intended to be used, as income should be considered as "Other Cash Income".

The lump sum payment must not be counted for one (1) month of current income. Rather, the lump sum payment should be counted as annual income, or be divided by 12 to estimate a monthly income.

Some lump sum payments may not be easily classified into either of the two categories reimbursement or new money, but may represent both. In such instances, treat the lump sum payment in a way that most accurately reflects the economic situation of the household. Examples of such payment include legal or medical settlements that provide reimbursement for lost property and medical expenses, as well as compensation for physical or mental injury.

- y. WIC Income Eligibility for Furloughed Federal Employees
In determining income eligibility of categorically eligible persons affected by the Federal shutdown(s), state and local agencies should use the same policies and procedures normally used to assess the income eligibility of a person experiencing a temporary loss of income such as temporarily laid-off or striking workers. Current income should be used to determine eligibility.

Assuming that Federal shutdown(s) are temporary, local agencies should continue to provide benefits for the duration of the furlough. There is no Federal policy, which requires the value of benefits to be paid back in such circumstances.

- z. Incarcerated Parent/Guardian
Children residing with a caregiver are counted in the family size of the caregiver with whom they live. A signed note from the parent giving permission to the caregiver (e.g., grandmother) is acceptable and must be placed in the health record. Services shall not be **denied if the caregiver does not have a statement from the parent.**

D. Documented Proof of Income

The Georgia WIC Program income screening policy requires income information from all applicants.

When requesting proof of income, you MUST ask for one of the following:

1. Pay stubs for all people in your household who work or who receive an income from any source. Some pay stubs will not have a name but will have a Social Security Number. Ask for the Social Security card.
2. A statement from employers for all employed persons in your household. Attach non-letterhead statements from employers to the No Proof Form and file in the health record.
3. Current tax return (W-2 or 1040) from previous year up until April 15th of the current year (e.g., 2014 W-2 can be accepted up until April 15, 2015).
4. On-going financial records (for self-employed only).
5. Unemployment notice.
6. Other (see List of Income Inclusions).

All proof of income should not be more than thirty (30) - days old with the exception of the most recent tax return.

For additional sources of income, see Income Inclusions.

E. Applicants with Zero (0) Income

When an applicant declares that they have no income (zero) except applicants that adjunctively income qualify, the following question must be asked and documented on the back of the Certification Form (under source of income):

Question: How do you obtain food, shelter, clothing and medical care?
Document the answer on the Certification Form. Check "Yes" if the client is income eligible. This does not apply to applicants with adjunctive income eligibility documents.

Record zero (0) as the current income amount and "ZI" (zero income) as the income source.

F. Verification of Income

"Verification" means a process whereby the information presented, such as a pay stub, is validated through an external source other than the applicant. Such external sources include employer verification of wages, local public assistance office verification, etc. Verification is required for questionable cases such as:

1. The person taking the income suspects that the income is incorrect.
2. A complaint is received alleging that a participant is not income eligible. An anonymous complaint must be handled in the same manner as any other complaint.
3. A conflict of information is found between the Georgia WIC Program income data and income data provided from other programs. When income is verified, the income at the time of certification, rather than the current income, must be verified.

Based on the three (3) reasons above, WIC clinic staff may also request that the participant/parent/spouse/guardian/caregiver/or alternate bring proof of income back to the clinic. In the event clinic staff request proof, from the participant/ parent/ spouse/alternate parent/ guardian/ or caregiver the Income Verification Letter may be used (**see Attachment CT-38**).

Failure of the participant/parent/spouse/guardian/caregiver/or alternate to return to the clinic within thirty (30) days with proper documentation would result in the following:

1. Termination from the Georgia WIC Program
2. Re-payment to the Georgia WIC Program for vouchers issued over one hundred dollars (\$100.00)

Note: Information concerning payment to the Georgia WIC Program can be found in the Compliance Analysis Section of the Georgia WIC Program Procedures Manual.

IX. NUTRITIONAL RISK DETERMINATION

To be eligible for WIC benefits, an applicant/participant must have a nutritional risk, as determined through a nutritional risk assessment. If no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) except for infants who are fewer than four (4) months of age. Nutritional risk is identified through the assessment of required medical data (length/height, weight, hematocrit/hemoglobin), nutritional practices, and the individual's medical history. The data are evaluated by a Competent Professional Authority (CPA) on staff at the clinic. A CPA is defined as a nutritionist, registered dietitian, registered nurse, licensed practical nurse, physician, or physician's assistant who has been trained by the State or local agency to perform WIC assessments.

WIC applicants may not under any circumstances be charged for services or tests (e.g., blood work, anthropometric measurements, etc.) that are used to determine WIC eligibility. If the local agency is unable to perform the prescribed tests on site, and if the applicant receives medical care from an outside provider, appropriate arrangements should be made to accept referral data from outside sources. Local clinics unable to perform required tests to assess WIC eligibility may be suspended by the Georgia WIC Program. The applicant cannot be required to obtain such data at their own expense.

A. Required Data

1. Women Assessment/Certification Form. This form lists the required assessment data and documentation requirements for all women by category. This data must be collected and documented for each assessment. Required medical data used to determine the eligibility of pregnant women must be taken during the current pregnancy. Proof of pregnancy is not required as a condition of eligibility for the Georgia WIC Program. However, if it is not physically apparent that the applicant is pregnant and if clinic staff has reason to believe that the applicant is not pregnant (e.g., a complaint is received alleging that a participant is not pregnant), the local agency may request proof of pregnancy after the initial certification. In this case, the participant can be given up to sixty (60) days to submit proof of pregnancy.

If proof of pregnancy documentation is not provided as requested, the local agency may terminate the woman's WIC participation in the middle of a certification period. Postpartum women must have their required medical data taken after the termination of their pregnancy (**see Attachments CT-1, CT-2, and CT-3**).

2. Infants Assessment/Certification Form. This form lists required assessment data and documentation requirements for all infants by age. This data must be collected and documented for each assessment (**see Attachment CT-4**).
3. Children Assessment/Certification Form. This form lists the required assessment data and documentation requirements for all children. This data must be collected and documented for each assessment. All required medical data used to determine nutritional risk must be reflective of the applicant's status at the time of certification (**see Attachment CT-5**).

B. Referral Data

Identification of nutritional risk can be based on referral data submitted by a CPA or health care provider not on staff at the clinic. Referral data must then be evaluated by a CPA on staff at the clinic. Local agencies should make the authorized referral form available to area health care providers in order to facilitate entry into the Georgia WIC Program and the certification process. Local agencies must accept the Georgia WIC Program’s Georgia WIC Referral Form #2, in the Food Package Section of the Georgia WIC Program Procedures Manual (**see Attachment FP-44**). Local agencies may not develop their own referral form.

Local agencies must accept referral forms from a private provider, provided that the entire minimum required referral data/information has been completed properly, as described below. The data/information must be documented on official letterhead.

All private provider referral forms must contain, at a minimum, the following information:

- I. Demographic Data
 - a. Applicant’s first and last name
 - b. Applicant’s date of birth

 - II. Medical Referral Data, as appropriate*
 - a. Length/Height
 - b. Weight
 - c. Hematocrit/Hemoglobin
 - d. Date(s) measurements were taken
- * If missing, the clinic can perform measurements themselves.
- III. Referral Agency Information
 - a. Original signature and title of health care provider
 - b. Date the referral was completed
 - c. Agency address
 - d. Agency telephone and fax numbers

As a part of outreach efforts, local agencies may provide area health care providers with a current listing of nutritional risk criteria along with definitions and documentation requirements for the risk criteria.

All infants must be weighed and measured at newborn certification in order to evaluate growth during the critical first weeks after birth. However; for hospital certifications, when an infant is not physically present and for medically fragile infants for whom the process of obtaining the measurements would be difficult (i.e. on oxygen), reported birth weight and birth length or referral data may be used for infants less than sixty (60) days old.

C. Medical Data

Medical data required for certification includes anthropometric (length/height and weight) and hematological (hemoglobin/hematocrit) measurements.

1. The Medical Data Date documented on the WIC Assessment/Certification Form must be the same as the date that the anthropometric data were taken. Anthropometric data required for certification (length/height and weight) may precede the date of certification by up to sixty (60) days. Medical data that are greater than sixty (60) days old cannot be used to assess WIC eligibility. The sixty (60) day limit applies to the anthropometric data (length/height and weight) even if eligibility is based on other criteria.
2. The Hematological Data Date documented on the WIC Assessment/Certification Form must be the same as the date the hematological data were taken. Hematological data required for certification (hemoglobin/ hematocrit) may precede the date of certification by up to ninety (90) days. Hematological data that are greater than ninety (90) days old cannot be used to assess WIC eligibility. The ninety (90) day limit applies to the required hematological data even if the applicant's/participant's eligibility is based on other criteria.

Note: Hematological data for postpartum and breastfeeding women must be obtained after delivery.

The Georgia WIC Program has elected to use a special code to be entered into the hematological data field when hemoglobin is not determined. Please use the following code – 88.8.

Blood work should not be performed on infants younger than nine (9) months of age, unless there is a medical reason. In most cases, infants will have their first blood work performed around twelve (12) months of age.

All children are required to have blood work at each certification. If the hemoglobin is low at certification, repeat at half-certification. Children less than two years must have blood work at half-certification. For children 2 and over, blood work does not have to be performed at the half-certification if normal at certification.

Use the one of following procedures to follow-up for abnormal blood work:

- a. For infants and children receiving their health care through the health department, follow the protocol for treatment of low hemoglobin.
- b. For infants and children receiving health care from a private provider, refer the participants with low hemoglobin values to their providers. At the next certification (subsequent or half) visit repeat the hemoglobin test or enter a referral value from the private provider.

Blood work within the normal range is valid for children for twelve (12) months beginning at twenty-four (24) months of age.

Postpartum, breastfeeding women who have breastfed for six (6) months are not required to have blood work performed at their mid-Assessment visit unless there is a medical reason.

Blood work is not routinely performed on women prior to discharge from the hospital. When postpartum breastfeeding and non-breastfeeding women are certified in the hospital, follow these procedures (if blood work is

unavailable):

- a. Enter the Date of Certification in the Hematological Data Date field.
- b. Enter the value 88.8 in the Hemoglobin field.
- c. If the applicant is assessed WIC-eligible, issue up to two (2) month of vouchers and follow District's procedures for obtaining blood work by the next voucher issuance.

Note: Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation, and written approval must be kept on file in the District Office.

X. NUTRITION RISK CRITERIA

Nutrition risk criteria are set by the State agency, in accordance with Federal rules and regulations. The criteria are based on detrimental or abnormal nutrition conditions detectable by hematological or anthropometrics measurements, other nutrition related medical conditions, nutritional deficiencies that impair or endanger health, or conditions that predispose persons to inadequate nutritional patterns or nutritionally related conditions. If no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) except for infants who are fewer than four (4) months of age.

Nutrition risk criteria, risk factor codes and priority designations used for the Georgia WIC Program certification are listed in Attachment CT-6. The nutrition risk criteria are listed by applicant/participant category at the time of certification. Each criterion is identified by a three digit numerical code.

The WIC Assessment/Certification forms utilize a checklist format to document the applicable nutritional risk criteria. Refer to subpart B of Section XV., WIC Assessment/Certification Form, for information regarding completion of this form.

XI. NUTRITION RISK PRIORITY SYSTEM

A. General – Priorities I -VI

Each nutrition risk criterion is assigned a specific priority. Statewide priorities are set in accordance with the following guidelines:

- 1. Priority I: Pregnant women, breastfeeding women, and infants with nutritional need. This need is determined by measuring length/height, weight, hemoglobin/hematocrit and assessing nutrition status and nutrition related medical history.
- 2. Priority II: Breastfeeding women who do not qualify under Priority I, but are breastfeeding Priority II infants.

Includes infants up to six (6) months of age, and whose mothers were WIC participants during their pregnancy. Also includes infants up to six (6) months of age, whose mothers were not WIC participants during pregnancy but had a documented nutritional need.

3. Priority III: Children under the age of five (5) years with a nutritional need. This need is assessed by measuring length/height, weight, hemoglobin/hematocrit, and assessing nutrition status and nutrition related medical history.

Also includes postpartum teenagers who are not breastfeeding, and whose delivery date was prior to their being 18 years and 10 months of age.
4. Priority IV: Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrant status.
5. Priority V: Children with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrant status
6. Priority VI: Postpartum, non-breastfeeding women with a nutritional need because of inappropriate nutrition practices, other dietary risk, or homeless/migrant status.

B. Special Considerations

Reciprocal Risk - A breastfeeding mother and her infant shall be placed in the highest priority for which either is qualified.

C. Specific

Each nutritional risk has an assigned priority. The priorities and risk factor codes by participant status are identified below.

1. Pregnant Women

Priority I: 101, 111, 131, 132,133, 201, 211, 301, 302, 303, 304, 311, 312, 321, 331, 332, 333, 334, 335, 336,337, 338, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 502,904

Priority IV: 400, 401,502, 801, 802, 901, 902, 903

2. Breastfeeding Women

Priority I: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 371, 372, 373, 381, 502, 601, 602, 904

Priority II: 502, 601

Priority IV: 400, 401, 502, 601, 801, 802, 901, 902, 903

3. Postpartum, Non-Breastfeeding Women

Priority III: 331, 502

Priority VI: 101, 111, 133, 201, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 371, 372, 373, 381, 400, 401, 502, 801, 802, 901, 902, 903

4. Infants

Priority I: 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 201, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 603, 702, 703, 904

Priority II: 502, 701, 702

Priority IV: 400, 401, 428, 502, 702, 801, 802, 901, 902, 903

5. Children

Priority III: 103, 113, 114, 115, 121, 134, 135, 141, 142, 151, 201, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 361, 362, 381, 382, 502, 904

Priority V: 400, 401, 428, 502, 801, 802, 901, 902, 903

D. Assignment

At the time of certification, the CPA must assign a priority based on the identified nutrition risk criteria. The highest priority for which a person qualifies must be assigned.

XII. CHANGES WITHIN A VALID CERTIFICATION PERIOD

A. Women Who Cease Breastfeeding

The following procedures must be followed when WIC clinic staff is notified by a woman participant that she is no longer breastfeeding:

1. If the woman is more than six (6) months postpartum, she is categorically ineligible and must be removed from the Georgia WIC Program immediately (see *Section XVI. Ineligibility Procedures*). The termination must be documented in the participant's health record **and the termination must be submitted to CSC**.
2. If the woman is less than six (6) months postpartum, reassessment of nutrition risk is required. The woman must qualify for WIC based on the risk criteria for a postpartum, non-breastfeeding woman to continue receiving benefits. The woman's status, priority, and food package must be updated. If no nutrition risks are evident, Risk Code 401 (Other Dietary

Risk / Failure To Meet Dietary Guidelines) can be used for the woman to continue to receive WIC benefits as a postpartum, non-breastfeeding woman until six (6) months from the delivery date. All information must be documented in the participant's health record and entered into the automated system.

B. Upgrading a Priority

New data that have been collected and assessed during the certification period can be used to place a participant in a higher priority. A priority cannot be downgraded during a participant's certification period (with the exception of a breastfeeding woman changing status to a postpartum non-breastfeeding woman).

XIII. CERTIFICATION PERIODS

Certification periods are:

Pregnant Women: For the duration of their pregnancy and for up to six (6) weeks postpartum. There is no extension granted beyond the six (6) week postpartum cutoff.

Breastfeeding Women: For one (1) year from the date of initial and/or subsequent certification as a postpartum, breastfeeding woman. Eligibility ends when the certification period is over, when the breastfed infant turns one (1) year old, or when breastfeeding is discontinued, whichever comes first.

Note: The certification period for the breastfeeding woman is one (1) year; however, she must receive a mid-assessment between 5-7 months of her delivery date as a breastfeeding postpartum woman if she is still breastfeeding an infant less than one (1) year of age.

Postpartum, Non-Breastfeeding Women: For up to six (6) months from the termination of their pregnancy.

Infants: If certified at age six (6) months or younger, until their first birthday. If certified after reaching age six (6) months, for six months.

Children: For one (1) year from the date of each certification. Eligibility may continue until they reach their fifth birthday, if assessed at nutritional risk. However a half-certification must be performed at 5-11 months between each certification.

Vouchers may only be issued to participants who are in a valid certification period. The certification period always begins with the date of certification and ends on the categorically ineligible termination date (see Food Delivery, Section III-E).

In cases where there is difficulty in scheduling appointments for breastfeeding women, infants, and children, the certification period may be shortened or extended by a period not to exceed thirty (30) days. The specific difficulty must be documented in the participant's health record if a clinic chooses to exercise this option. Vouchers can be issued for the one month extension. Please use this as the exception and not the rule. Document in the participant's health record the reason for the extension and issue only one month of vouchers.

XIV. INFANT MID-CERTIFICATION/ BREAST-FEEDING WOMEN MID-ASSESSMENT/ CHILDREN HALF-CERTIFICATION NUTRITION ASSESSMENT

INFANTS MID-CERTIFICATION

Infants certified *prior to* six (6) months of age will be subsequently certified on their first birthday. A nutrition assessment (mid-certification) by the CPA should be completed between five (5) and eleven (11) months of age. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the infant less than six (6) months of age will follow the standard procedures. The infant shall be assigned the highest priority for which he/she is eligible.
2. The mid-certification nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Plotting weight for length, length for age, and weight for age.
 - c. Measuring hemoglobin or hematocrit (only if mid-certification nutrition assessment is performed between nine to eleven [9-11] months of age).
 - d. Recording, summarizing, and evaluating inappropriate nutrition practices.
 - e. Assessing nutrition risk criteria.
 - f. Assigning the highest priority for which the infant is eligible, reviewing food package needs, and assigning an appropriate food package.
3. The mid-certification nutrition assessment information will be documented in the second column of the Infant WIC Assessment/Certification Form if using the paper form.
4. If additional risks are identified at any time during the one (1) year certification period, the infant's priority should be upgraded.
5. All infants certified at fewer than five (5) months of age must be scheduled for a mid-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the mid-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the infant misses the mid-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the infant's vouchers.

Note: Proof of identification, residency and income are not required during the mid-certification assessment. However, if during the mid-certification a participant reveals that their income is above the income guidelines, the participant and ineligible household members will be terminated from the Georgia WIC Program.

BREAST-FEEDING WOMEN MID-ASSESSMENT

Breast-feeding women shall be certified for a period of one (1) year or until breast-feeding discontinues. If breastfeeding is discontinued prior to six months after delivery, the woman can continue WIC participation as a non-breastfeeding woman until six months post-partum. A nutrition assessment (mid-Assessment) by the CPA should be completed between five (5) and seven (7) months of the initial certification. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the breast-feeding woman will follow the standard procedures. The breast-feeding women shall be assigned the highest priority for which she is eligible.
2. The mid-assessment nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Recording, summarizing, and evaluating inappropriate nutrition practices.
 - c. Assessing nutrition risk criteria.
 - d. Assigning the highest priority for which the breast-feeding woman is eligible, reviewing food package needs, and assigning an appropriate food package.
3. The mid-Assessment information will be documented in the second column of the breast-feeding/postpartum women WIC Assessment/Certification Form if using the paper form.
4. If additional risks are identified at any time during the one (1) year certification period, the breastfeeding woman priority should be upgraded.
5. All breast-feeding women certified at fewer than five (5) months after delivery date must be scheduled for a mid-Assessment. WIC benefits may not be withheld from a participant for failing the mid-Assessment nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the breast-feeding woman misses the mid-assessment appointment, a secondary nutrition education contact should still be conducted during voucher issuance.

Note: Proof of identification, residency and income are not required during the mid-Assessment. However, if during the mid-Assessment a participant reveals that their income is above the income guidelines, the participant and any other now ineligible household members will be terminated from the Georgia WIC Program.

CHILDREN HALF-CERTIFICATION ASSESSMENT

Children will be certified for a period of one (1) year. A nutrition assessment (half-certification) by the CPA should be completed between five (5) and seven (7) months after the initial certification. To ensure accessibility to quality health care services, the following procedures must be completed:

1. The initial certification of the child will follow the standard procedures. The child shall be assigned the highest priority for which he/she is eligible.
2. The half-certification nutrition assessment must consist of:
 - a. Measuring length and weight.
 - b. Plotting weight for length/BMI, length for age, and weight for age.
 - c. Measuring hemoglobin or hematocrit if low at most recent certification and for all children less two years old at time of assessment.
 - d. Recording, summarizing, and evaluating inappropriate nutrition practices.
 - e. Assessing nutrition risk criteria.
 - f. Assigning the highest priority for which the child is eligible, reviewing food package needs, and assigning an appropriate food package.

3. The half-certification nutrition assessment information will be documented in the second column of the Children WIC Assessment/Certification Form if using the paper form.
4. If additional risks are identified at any time during the one (1) year certification period, the child's priority should be upgraded.
5. All children must be scheduled for a half-certification nutrition assessment. WIC benefits may not be withheld from a participant for failing the half-certification nutrition assessment appointment(s). Missed appointments should be documented in the participant's health record. If the child misses the half-certification appointment, a secondary nutrition education contact should still be conducted with the person who is picking up the child's vouchers.

Note: Proof of identification, residency and income are not required during the half-certification assessment. However, if during the half-certification a participant reveals that their income is above the income guidelines, the participant and any other ineligible household members will be terminated from the Georgia WIC Program.

XV. WIC ASSESSMENT/CERTIFICATION FORM

A. General

1. State WIC Assessment/Certification Form

Certification data for each applicant/participant will be recorded on the form provided by the State agency or generated by each District's computer system.

2. Local Agency WIC Assessment/Certification Form

If a local agency/clinic chooses to use other forms and/or documentation procedures in the certification process that are different from the procedures outlined in this manual, then all forms and/or procedures must be submitted to the State agency, in writing, for approval prior to implementation. Local agencies that choose to develop their own forms and/or procedures must update them each time the State agency revises its forms and/or procedures. Any subsequent changes or modifications to the local agency/clinic forms and/or documentation procedures must also be forwarded, in writing, to the State agency for approval prior to implementation of the revised form. Each page of the Certification Form must be accurately completed each time an individual is certified. A portion of the required information is common to each form. The following are instructions for completion.

B. Completion

All items on the WIC Assessment/Certification Form must be completed as follows:

1. Identification Information - Applicant's name, birth date, address, telephone number, ethnic origin, race, migrant status, county of residency, proof of residence, proof of identification (for applicant/participant and, if applicable, for a parent/guardian/caregiver/spouse/alternate parent), clinic number,

family ID number, foster care information, WIC ID number, and, in the case of infants and children, the full name of the parent or guardian/caregiver/alternate parent must be filled in on each form used. All legally responsible persons making application for the Georgia WIC Program must be documented in the health record (e.g., name of father, guardian, caregiver, etc.).

The local agency representative must ask the applicant to make a self-declaration of their ethnic origin, race, and migrant status and use the WIC Interview Script to collect demographic data. Unknown cannot be used to identify race for the Georgia WIC Program. If the client refuses to answer, WIC staff must make the determination to the best of their ability.

2. Breastfeeding Information - Complete each line in this section, using the following information:

Infant's and Children's Forms through age two (2) years at each certification:

- a. Breastfed Now
 - (1) On Infant's Form, check "Yes" if this infant is currently breastfeeding.
 - (2) On Children's Form, check "Yes" if this child is currently breastfeeding.

- b. Breastfed Ever
 - (1) On Infant's Form, check "Yes" if this infant was ever breastfed (even if currently not breastfeeding).
 - (2) On Children's Form, check "Yes" if this child was ever breastfed (even if currently not breastfeeding).
 - (3) If the answer is "No", two times for an infant or one time for a child, this question does not need to be asked again.

- c. Record the Number of Weeks Infant/Child Breastfed - If using a paper Certification Form and the infant/child is currently or ever breastfed, record the number of weeks up to a maximum of ninety-nine (99) weeks (two [2] years of age). If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.

- d. Date of Most Recent Breastfeeding Response - Record the date on which you asked the participant/guardian/alternate parent about breastfeeding.

Women's Form:

- a. Postpartum Breastfeeding Assessment/Certification Form (Breastfeeding an Infant Less than one (1) Year of Age):
 - (1) If using a paper Certification Form, enter the weeks breastfed in the "Weeks" column. (See **Attachment CT-6: Nutrition Risk Criteria handbook, Appendix J** for the key for entering weeks breastfed). If using direct entry of information into the computer system,

- the computer will automatically calculate weeks breastfed.
 - (2) Update the information at time of termination and submit to CSC.
 - b. Postpartum Non-Breastfeeding Assessment/Certification Form (Less than 6 Months Postpartum):
 - (1) If the woman is not currently breastfeeding but has breastfed, check “Yes” to Breastfed Ever.
 - (2) If using a paper Certification Form, and if the response to Breastfed Ever is “Yes”, enter the weeks breastfed in the “Weeks” column. (see the key for entering weeks breastfed in Attachment BF-5, Breastfeeding Section.) If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.
 - (3) If using a paper Certification Form, and if the response to Breastfed Ever is “No”, enter “0” in the “Weeks” Column. If using direct entry of information into the computer system, the computer will automatically calculate weeks breastfed.

3. Initial Contact Date - The initial contact date must be filled in at each certification, even if it has not changed. The initial contact date must be accurately documented to ensure that processing standards are being met. (see Initial Application CT-III. for the definition of “initial contact date”.)

Initial Contact Type – Select type of Initial Contact

W – Walk-in

T – Telephone

E – Online Registration (Email)

O – Other (explain in notes)

- 4. Foster Care – Enter Yes or No if the applicant is in Foster Care.
- 5. Medical Data Date - See the Nutritional Risk Determination CT-IX for the definition of required medical data. Enter the date anthropometric measurements were taken for certification purposes.
- 6. Length/Height - Enter the length/height to the nearest eighth of an inch (for infants and children only).
- 7. Weight - Enter the weight in pounds and ounces (for infants and children only).
- 8. Hematological Data Date - Enter the date the hematological measurement was taken for certification purposes. Hematological data date must be within ≤ 90 days prior to certification for infants 9-12 months of age, children and women. Hematological data date must also be after the delivery or pregnancy termination for postpartum and breastfeeding women.

9. Hematocrit/Hemoglobin - Enter the hematocrit and/or the hemoglobin value(s) in the appropriate field. Values must be rounded to one decimal place.
10. Nutrition Risk Criteria - Complete each line in this section using the following procedure:
 - a. Check "Yes" when the nutrition risk criterion is present.
 - b. Check "No" when the risk criterion is not present.
 - c. Write "N/A" when the risk criterion does not apply or was not assessed.
 - d. Record additional documentation for risk criteria marked with an asterisk (*).

This section of the form must be completed by a CPA during each certification appointment and at the infant's mid-certification nutrition assessment, child's half-certification and the breastfeeding woman's mid-assessment.

High Risk - Check "Yes" when at least one nutrition risk meets the High Risk Criteria (**see Risk Handbook, Attachment CT-6**).

12. Eligible for WIC - Check "Yes" when *all* of the following criteria are met:
 - a. The applicant resides within the State of Georgia, and
 - b. The applicant is income eligible, and
 - c. The applicant is an infant, child, pregnant, postpartum or breastfeeding woman, and
 - d. At least one (1) nutritional risk criterion is checked "Yes."
There must always be at least one nutritional risk checked "Yes" for all participants/ applicants. CPAs may assign Risk Code 401 (Other Dietary Risk) when no other nutritional risk factors have been identified for participants who are at least four (4) months of age.
Check "No" when one or more of any of the criteria from the above list are not met (see Ineligibility Procedures CT-XVI).
13. Priority - Enter correct priority (I - VI). Refer to the Nutritional Risk Priority System CT-XI for risk factor codes and priorities.
14. Food Package - Enter the appropriate food package code (See Food Package Section of the Georgia WIC Program Procedures Manual).
15. Services - Enter referrals and/or enrollments to other health services and programs using codes listed on the WIC Assessment/Certification form. See Nutrition Education Section for more information regarding required referrals. Enrollment in or Referral to TANF, SNAP, and Medicaid MUST be documented at least one time while a participant receives WIC. However, it is a best practice to assess enrollment at every certification. Simply asking if an applicant receives these other health services does not constitute making a referral; the applicant must be provided with information about the other services or programs, such as information about how or where to apply in their area.

- a. “Enrolled In” is used when a person is already utilizing other health services and programs.
 - b. “Referred To” is used when a person has been given information regarding other health services and programs.
16. Today's Date - Enter the date the assessment is completed.
17. Signature/Title - Enter signature (first name and last name) and title (Nutr., R.D., L.D., L.P.N., R.N., M.D., etc.). An appropriate signature consists of first name, last name and title. The local WIC CPA signature confirms the nutritional risk.
18. Income Assessment
- a. Date - Fill in the date the income screening was completed
 - b. Number in Family - Fill in according to Income Eligibility CT-VIII.
 - c. Gross Income/Month
 - 1. Medicaid Recipients – See subpart B.1. of Section VIII., *Income Eligibility: Acceptable Proof of Eligibility-Adjunctive Eligibility*. Mark “yes” (Y) if Medicaid participation has been confirmed. Medicaid recipients must self-declare income.
 - 2. Peach Care Recipients – See subpart B.4. of Section VIII., *Income Eligibility: Acceptable Proof of Adjunctive Eligibility*. All Peach Care clients must be assessed for WIC income eligibility.
 - 3. SNAP Recipients – See subpart B.2. of the Section VIII., *Income Eligibility: Acceptable Proof of Eligibility Adjunctive Eligibility*. Mark “yes” (Y) if SNAP participation has been confirmed.
 - 4. Temporary Assistance for Needy Families (TANF) – See subpart B.3. of Section VIII., *Income Eligibility: Acceptable Proof of Eligibility-Adjunctive Eligibility*. A “notice of case action” issued to TANF participants, with dates of eligibility for any TANF benefit, is acceptable proof of current enrollment in TANF. Mark “yes” (Y) if the participant has documented proof that they receive TANF.
 - 5. Participants not receiving SNAP, Medicaid, or TANF - Complete the WIC Assessment/Certification Form according to the instructions provided in subpart C of Section VIII., *Income Eligibility: Computing Income*.
 - 6. Income Eligibility - Check “Yes” or “No” to indicate applicant's income status. Transfer the total from the Income Calculation Form to the section of the Certification Form. Indicate the total number in the family. The Income

Calculation Form must be used to determine income eligibility if the applicant has more than one source of income and does not qualify for Medicaid, SNAP or TANF. Record current annual or monthly income.

Note: Income must be recorded for all applicants, including applicants who receive Medicaid, SNAP, and TANF.

7. Income Source - Record, document, and review for proof of income.
 - d. Staff Initial – The staff person who confirms income, residency, and ID may be different from the person who signs the Certification Form. Therefore, the staff that collected this information must enter his/her initials.
 - e. Staff Signature(s)/Printed Name - The local WIC official signature, print name and date confirms that income, residency, and family size are correct as stated by the applicant/participant. The signature, print name and date also verifies/witnesses the participant’s signature. An appropriate signature consists of first and last name and title of person verifying income and witnessing the participant’s signature.
 - f. Applicant/Participant Signature/Printed Name - The participant/parent/spouse/guardian/caregiver/alternate must be asked to read, sign, print name and date the following statement each time they are certified (if unable to read, must have it read to them):

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may allow information about my participation in Georgia WIC to be shared for non-WIC purposes to determine eligibility with other program services. I understand that this information may be used by Georgia WIC, shared with its local WIC agencies, or shared with other public organizations that serve persons eligible for WIC. Further, I understand that the recipients of this information will only use it to establish the eligibility for programs administered by other public organizations; to

conduct outreach for programs administered by other public organizations; to enhance the health, education or well-being of Georgia WIC applicants and participants; to streamline administrative procedures to minimize burdens on program participants and staff; and, to assess and evaluate the State’s health system in terms of responsiveness to participants’ health care needs and outcomes. The public organizations that receive my information cannot share my information with another organization or person without my permission. I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

Name of WIC Applicant/Participant/ (please print) Guardian/Caregiver/Spouse/Alternate Parent (please print)	Date	Name of WIC Official
	UP:	

Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	Date	Signature of WIC Official
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Please initial below to indicate your preference:

In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, that decision will not affect my participation in Georgia WIC.

In applying for WIC services, I DO NOT AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, that decision will not affect my participation in Georgia WIC.

- g. Applicant Unable to Write - If the applicant/participant/ authorized representative is unable to write, he/she will enter his/her mark in lieu of a signature. The WIC staff person will print the person’s name next to the mark, and initial and date the mark to indicate that it has been witnessed.

19. Physical Presence (Certification Form)

Physical Presence is mandatory for each applicant/participant at each WIC certification. Refer to subpart B of Section, *Eligibility Requirements*, for additional information and documentation procedures. If the response is “NO” to the Physical presence question, then N, D, R, or W must be selected:

(N) – Newborn – A physical presence exception may be granted for infants under age 8 weeks who are born to a mother who was on WIC during her pregnancy or was eligible to participate but was not certified. A medical or high risk condition is not required. Infants greater than or equal to age 8 weeks (≥ 8 weeks) cannot be certified using this reason for a physical presence exception.

(D) – Disabilities – The local agency must grant a physical presence exception to applicants who are qualified individuals with a disability(ies) and are unable to be physically present at the WIC clinic because of the disability(ies); or, to applicants whose parent(s), guardian(s), or caregiver(s) are the individuals who meet this standard. Examples of such situations include:

- a. A medical condition that necessitates the use of medical equipment that cannot be easily transported;
- b. A medical condition that requires confinement to bed rest;
- c. A serious illness that may be exacerbated by coming into the WIC clinic; and,
- d. A hospitalized breastfed infant, otherwise known as a Mother/baby breastfeeding dyad. The “Mother/baby breastfeeding dyad” applies to a breastfeeding mother whose infant has not been released from the hospital.

(R) – Receiving Ongoing Health Care – A physical presence exception may be granted for an infant or child who was present at his/her initial WIC certification and has documentation of ongoing health care from a health care provider (other than the local WIC agency), if unreasonable barriers exist.

(W) – Working Parent or Caregivers – The local agency may grant a physical presence exception for an infant or child if all three of the following criteria are met:

- a. If the infant/child was present for his/her initial WIC certification; and,
- b. If the infant/child was present at a WIC certification within the last year and was determined to be eligible; and,
- c. If the infant/child is under the care of a working parent(s) or guardian(s) whose working status presents a barrier to bringing the infant/child into the WIC clinic.

20. Immunization Status

Infant and Children Form: The immunization status is required during Initial and Subsequent certifications for infants over six (6) months of age and children.

(1) Record Screened/Requested Yes () Requested ()

(2) Adequate for Age/Referred? Yes () Doctor () Health Dept ()

21. Data Needed for Pregnancy Surveillance

Infant’s Form:

(1) Mother’s WIC ID# - Enter the full name and/or WIC ID number of the mother, if the mother is currently a WIC participant.

(2) Last Weight Before Delivery - Enter the last weight of the mother, taken prior to delivery. Round the weight to the nearest whole pound, e.g., 165 $\frac{1}{8}$ = 165.

Women's Form:

- (1) Marital Status - Enter numerical code indicating current marital status, e.g., 0=married, 1=not married, 9=unknown.
- (2) Years of Education Completed - Enter a two-digit number to indicate years of education completed (e.g., 01=1st grade, 02=2nd grade, 14=2 years of college, 99=unknown).
- (3) Month of Gestation at Time of First Prenatal Exam - Enter a one-digit code to indicate the month of gestation at the first prenatal exam (e.g., 0=No Prenatal Care, 1=1st_Month, 8=8th or 9th month, 9=unknown).
- (4) Delivery - Enter the last weight taken prior to delivery, rounded to the nearest whole pound (e.g. 165.6 = 166).
- (5) Parity – A two-position field indicating the number of times a woman has been pregnant for 20 or more weeks gestation, regardless of whether the infant was alive or dead (stillbirth, miscarriage, induced or spontaneous abortion) at birth, (e.g., 00=None, 01-29=Number of previous births).
- (6) Date Last Pregnancy Ended – A six-position field indicating the date when the previous pregnancy of at least 20 weeks or more ended, whether by normal delivery, stillbirth, or induced or spontaneous abortion (miscarriage), excluding current pregnancy, (e.g., 000000= No Previous Pregnancies, Month/Year=01-12 and All four digits for the year).
- (7) Diabetes During Pregnancy – Postpartum Visit - A one- position field indicating the presence of diabetes during this current pregnancy, as diagnosed by a physician and self-reported by the postpartum woman or as reported or documented by a physician or someone working under a physician's orders (e.g., 1=No, never had diabetes of any type. 2= Yes, told by a doctor I had diabetes before the most recent pregnancy, when not pregnant (diabetes mellitus). 3=Yes, told by a doctor I had diabetes before the most recent pregnancy, but only when pregnant (gestational diabetes in both past and most recent pregnancies). 4=Yes, told by a doctor I had diabetes for the first time during the most recent pregnancy (gestational diabetes in the current pregnancy only).
- (8) Hypertension During Pregnancy – Postpartum Visit - A one- position field indicating the presence of hypertension during pregnancy as diagnosed by a physician or someone working under a physician's orders and self-reported by a woman, e.g., 1=No, never had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 2= Yes, told by a doctor I had high blood pressure before the most recent pregnancy, when not pregnant (chronic hypertension). 3= Yes, told by a doctor I had

- high blood pressure before the most recent pregnancy, but only when pregnant (pregnancy-induced hypertension in both past and most recent pregnancies). 4= Yes, told by a doctor I had high blood pressure for the first time during the most recent pregnancy (pregnancy-induced hypertension in the current pregnancy only).
- (9) Multi/Prenatal Vitamin Consumption Prior to Pregnancy - A one-position field indicating an average of how many times per week a woman took a multi/prenatal vitamin in the month before pregnancy (e.g., 0=Less than once per week , 1-7= Times per week, 8= Eight or more times a week, 9=unknown).
- (10) Multi/Prenatal Vitamin Consumption During Pregnancy – A one-position field indicating if a pregnant woman has taken multi/prenatal vitamins and/or minerals in the past month (e.g., 1=Yes, 2=No and 9=Unknown).
- (11) Cigarettes/Day – 3 Months Prior to Pregnancy – A two-position field indicating the average number of cigarettes the woman smoked per day during the three (3) months before she became pregnant (e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day, 97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused).
- (12) Cigarettes per Day Prenatal Visit - A two-position field indicating the average number of cigarettes the woman currently smoked per day at her prenatal visit (e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day, 97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused).
- (13) Cigarettes per Day Postpartum Visit – A two-position field indicating the average number of cigarettes the woman currently smoked per day at her postpartum visit (e.g., 00=Did not smoke, 01-96=Number of cigarettes smoked per day, 97=97 cigarettes per day or more, 98=Smoked, but quantity unknown, 99=Unknown or refused).
- (14) Cigarettes/Day – Last 3 Months of Pregnancy – A two- position field indicating that average number of cigarettes the woman smoked during the last three (3) months of her current or most recent pregnancy. This is reported at the postpartum visit only (e.g. 00=Did not smoke, 01-96=number of cigarettes smoked per day, 97 = 97 or more, 98 = smoked but quantity unknown, 99=Unknown or refused).
- (15) Household Smoking – Prenatal Visit – A one-position field indicating whether anyone in the household other than the pregnant or postpartum women currently smokes inside the home (e.g., 1=Yes, someone else smoke inside the home, 9=Unknown. 2= No, no one else smokes inside the home).

- (16) Household Smoking – Postpartum Visit – A one-position field indicating whether anyone in the household other than the pregnant or postpartum women currently smokes inside the home (e.g., 1=Yes, someone else smokes inside the home, 2-No, no one else smokes inside the home, 9=Unknown).
- (17) Drinks/Week – 3 Months Prior to Pregnancy – A two-position field indicating the average number of drinks per week of beer, wine or liquor the woman consumed during the three (3) months before her current or most recent pregnancy (e.g., 00=Did not drink, 01= 1 drink per week or less, 02-20=number of drinks per week, 21=21 or more drinks per week, 98=Drank, but quantity unknown, 99=Unknown or refused).
- (18) Drink/Week – Last 3 months of Pregnancy – A two-position field indicating the average number of drinks per week or beer, wine, or liquor the woman consumed during the last three (3) months of her current or most recent pregnancy. This is reported at the postpartum visit only (e.g., 00=Did not drink, 01=1 drink per week or less, 02-20=Number of drinks per week, 21=21 or more drinks per week, 98=Drank, but quantity unknown, 99=Unknown or refused).
- (19). Comments (Proxy 1/Proxy 2) – This section may be used to maintain a record of proxy names authorized by participants or parents/alternate parent/spouse at certification. Review names prior to voucher issuance.
- (20). Questions added to the Certification forms (P, N, B, I, and C):

Breastfeeding

The “Food Package” row has been expanded to include space to record the infant’s food package code. If the infant has not yet been certified or if the mother has delivered multiple infants (e.g., twins, triplets, etc.), the CPA should enter “AAA” in this box on the Certification Form or in the computer system. The purpose of this field is for the computer to perform a cross-check between the mother’s and infant’s food package codes to ensure the mother is receiving an allowed food package.

Woman’s Feeding Method (E, M, or S). The CPA is to identify whether the breastfeeding woman is classified as Exclusively, Mostly, or Some breastfeeding.

Non-Breastfeeding, Breastfeeding, Infant and Children

Date of last time of breastfeeding and/or pumping (MMDDYYYY)

Children

Recumbent/Standing (R, or S). The CPA is required to identify whether a child was measured in a recumbent (R) or standing (S) position.

Infant

Infant Feeding Type (E, M, or F). The CPA is to identify whether the infant is receiving an Exclusively Breastfed, Mostly Breastfed, or Fully Formula Fed food package.

Infant and Children

1. Medical Home (Y or N). If yes, enter name of physician or practice.
2. PeachCare (Y or N)

Prenatal, Non-Breastfeeding, Breastfeeding, and Children

1. Fruit Intake (D, S, or N). The CPA is to indicate whether the applicant / participant consumes fruit daily, some days of the week, or never.
2. Vegetable Intake (D, S, or N). The CPA is to indicate whether the applicant or participant consumes vegetables daily, some days of the week, or never.
3. Usual Daily Activity (V, S, or N). The CPA is to indicate whether the applicant / participant is very physically active, somewhat active, or not active.
4. Dairy Intake (D, S, or N). The CPA is to indicate whether the applicant or participant consumes dairy products daily, some days of the week, or never.
5. Screen Time (Hours in 00-24). The CPA is to indicate the amount of time in hours per day that the applicant or participant spends watching television, playing video games and/or playing on a computer.

Prenatal, Non-Breastfeeding, Breastfeeding, Infant and Children

Family Number

XVI. INELIGIBILITY PROCEDURES (NOTIFICATION REQUIREMENTS)

Persons may be ineligible or disqualified for the Georgia WIC Program benefits on the basis of residency, category, income or nutritional risk. However, infants fewer than four (4) months of age are the only participants/applicants who potentially can be disqualified based solely on the lack of nutritional risk (due to the introduction of Risk Code 401, which can be used to document *presumed* nutritional risk for all otherwise eligible persons who are age four [4] months or older). All applicants/participants who do not meet the Georgia WIC Program requirements and are assessed to be ineligible or disqualified for WIC benefits must be notified of ineligibility, in writing. The Notice of Termination/Ineligibility/Waiting List (NTIWL) Form is the official documentation that local agencies must use to notify applicants/participants of ineligibility or termination (**see Attachment CT-14 or CT-15**).

When applicants/participants are ineligible or terminated from the Georgia WIC Program and a NTIWL Form is issued, they must be informed of their right to a fair hearing. A fair hearing may be requested when participation in the Georgia WIC Program is denied or a participant is disqualified for benefits (See the *Fair Hearing* Section in the Rights and Obligations Section of the Georgia WIC Program Procedures Manual). Local agencies must follow the Georgia WIC Program procedures for “written notification” and “processing

standards” whenever an ineligibility/termination decision is made. All procedures followed must be documented in the health record or agency file.

The following notifications shall be made in writing and comply with programmatic time frames:

A. Written Notification

1. Ineligibility - An applicant/participant determined to be ineligible for Georgia WIC Program benefits on the basis of residence, income, or nutrition risk will receive a NTIWL Form on site, which will state the specific reason(s) for ineligibility. A copy of the form will be filed in the individual's health record and/or the Ineligibility file. If the applicant/participant is denied Georgia WIC Program benefits on the basis of being assessed over the income limits, a copy of the document viewed, the signed Certification Form, and a copy of the NTIWL Form must be placed in the Ineligibility file and/or the individual's health record. These files must be maintained for five (5) years plus the current year.

Note: Completion of the Fair Hearing Section of the NTIWL Form is required.

2. Expiration of Certification Period - Each participant will be notified at least fifteen (15) days before the expiration of their certification eligibility period that it is about to expire. Homeless participants will be notified at least thirty (30) days before the expiration of their certification period.
3. Disqualification - A participant who is about to be disqualified from the Georgia WIC Program at any time during the certification period must be notified in writing at least fifteen (15) days before benefits end. A participant must be provided with the specific reason(s) for this action, and notified of his/her right to a fair hearing. In the event the state agency mandates that the local agency suspend or terminate benefits to participants due to a shortage of funds, the NTIWL Form must be issued to the participant. A copy of this form must be filed in the individual's health record.
4. Termination Notification - Notification does not need to be provided to persons who are terminated for failing to pick up vouchers for two (2) consecutive months and for failing to return for subsequent certification provided the participant has been given or read the Rights and Obligations.
5. Interim Income Change (Reassessment of Income Eligibility) - Individuals will be disqualified at any time during the certification period when family income exceeds eligibility requirements. A fifteen (15) day notice must be issued.

B. Completion of Notice of Termination/Ineligibility/Waiting List Form

1. Fill in applicant's name and the date at the top of the form including the date of birth, phone number, and address.

2. Mark the box with the correct option and check the reason for termination.
3. Complete the information at the bottom of the form regarding the name and address of the Georgia WIC Program. The Fair Hearing Section must be completed when using this form. If a stamp is used for this purpose, *all* copies must be stamped. The form must be signed by the parent/guardian/caregiver/spouse/alternate and the WIC representative. Appropriate documentation and termination procedures must be followed. A written notice of termination must be given for each member of the family on the Georgia WIC Program.

C. Ineligibility File

Clinics are required to maintain an Ineligibility file. The five items listed below (a-e) are critical and must be presented when a fair hearing is requested by an applicant or other person(s) acting on behalf of an applicant. Each clinic may establish their own system for maintaining such a file, as long as the following guidelines are followed:

1. Ineligible Applicants without Health Records: For applicants who do not have a health record in the clinic, the Ineligibility file must contain the following:
 - a. Applicant's name
 - b. A copy of the NTIWL Form (Completely filled out with signatures, dates and the Fair Hearing Section);
 - c. The date the ineligibility action was taken.
 - d. The WIC Assessment/Certification Form (Complete all sections on the WIC Assessment/Certification Form when an applicant is not eligible for the Georgia WIC Program. This includes income documentation, date, print name and signature of the participant or applying parent/guardian/caregiver/spouse/alternate parent of the participant and the signature, print name of the person who collected income information).
 - e. All supporting documentation (e.g., nutritional assessment, growth charts, progress notes, Income Calculation form, etc.).
2. Ineligible Applicants with Health Records:

The five items listed above (a-e) must be documented and may either be filed in the applicant's health record or in the Ineligibility file. For those who have these items filed in their health records, a list of their names or a copy of their NTIWL Form must be kept in the Ineligibility file. If a copy of their NTIWL Form is filed in the Ineligibility file, it does not also need to be filed in the health record.

XVII. TRANSFER OF CERTIFICATION

WIC certification is transferable during a valid certification period. Paper and electronic Verification of Certification (VOC) cards are the official documents for validating WIC certification nationwide (**see Attachment CT-16 and 17**). VOC cards (paper and electronic) are negotiable instruments used to validate WIC certification. These cards allow WIC participants to transfer certification from one clinic, city or state to another. Local agencies must maintain accurate records of issuance, security and receipt from participants.

A. Clinic Staff Must:

1. Inform all WIC participants that they should request a VOC Card if relocating anytime during their eligibility period. All migrant farm workers must be issued VOC cards upon arrival in the clinic. For non-migrant participants transferring within the State of Georgia only, issue a VOC/EVOC card. However, original records must be retained at the initial clinic site.
2. Instruct the participant on the use of the VOC card.
3. Not issue an EVOC/VOC card to an alternate or proxy. When an applicant transfers in with a VOC card, the parent, guardian, or caregiver is not required to bring the infant or child.
4. Require that the participant or the parent/guardian/caregiver/spouse/guardian/alternate present the VOC card, proof of identity, and residency documents when transferring from one clinic to another (in-state or out-of-state). The Thirty (30)-Day Form can be used for missing proof information.

Note: A Notice of Termination Waiting List (NTIWL) Form must be issued on site, when a VOC card is issued to a participant, with the exception of a migrant participant (see Attachment CT-14 or CT-15).

B. Out-of-State Transfer/Incomplete VOC Cards

Out-of-state participants with a valid VOC card must be placed on the Georgia WIC Program even if they do not meet the Georgia WIC Program eligibility criteria. Local agencies must be aware that some states use the combination WIC ID/VOC card and must read all VOC cards carefully. Under no circumstances should a WIC participant transferring into a clinic with a valid VOC card be denied WIC benefits or reassessed for eligibility. Transfer with valid VOC cards or other valid signed certification evidence (e.g., certification record, valid proof of identification and residency) must be enrolled immediately. The Thirty (30)-Day Form can be used for missing proof information. If information is missing, contact the clinic and ask the staff to fax or e-mail the required information as soon as possible. Alternates cannot present VOC or transfer information for the participant.

An incomplete VOC card must be accepted as long as the certification period has not expired and the card contains: (1) participant's name, (2) date certification expires and (3) the name and address of the certifying agency. The participant must also present proof of identification and residency. The VOC card must be placed in the participant's file/record.

For participants who are transferring Out-of-State and are in a Thirty (30)-day period status, please document "Thirty Day", the Thirty Day return date and the missing proof information on the VOC/EVOC cards.

C. In-State Transfer

If WIC clinic staff is unable to obtain the necessary information by phone for a Georgia participant, a valid Georgia WIC Program ID card may be accepted in lieu of a VOC card with proper ID and proof of residency. This should be done *only* when

immediate certification seems imperative and staff feels the ID card strongly indicates that the individual is eligible. **The clinic staff must perform a search on GWISnet to obtain current participant information to transfer the participant into the clinic.** A participant who is transferred using a Georgia WIC Program ID card will be issued vouchers for one (1) month. Prior to the next issuance, clinic staff must contact the certifying clinic for certification information. All transfer certification information must be in the participant record within two (2) weeks of the transfer. The phone call and all information obtained must be documented in the participant's health record. The call must be followed with written documentation from the clinic. **This procedure must be adhered to for foster children also.**

It is recommended that each district establish procedures to make it easy for other WIC clinics to obtain the information needed to complete a transfer. This could include a staff member assigned to handle all transfer requests. Also, if the clinic uses automatic phone transfers to have the voice message indicate to which extension transfer request should be routed.

D. Release of Information/Original Certification Form (In-State/Out-of- State)

The United States Department of Agriculture (USDA) approved the release of participants' WIC records from one WIC clinic to another WIC clinic without completion of a Release of Information form. The original WIC Assessment/Certification Form must be retained in the district/clinic where the participant was certified. Below are some scenarios for transferring a WIC participant's records:

Intra-State (within the state of Georgia) Transfer:

When transferring a participant from one Georgia WIC Program clinic to another Georgia WIC Program clinic, a Release of Information form is not required. The WIC staff of the receiving clinic should call the original clinic and obtain all necessary information required to complete the transfer process. The original clinic must verify that the receiving clinic is a genuine clinic and provide the participant's information. In addition, the original clinic must send a signed copy of the current Certification form to the receiving clinic as soon as possible, preferably by fax.

Out-of-State Transfer:

When transferring a participant from out of state, the Release of Information form is not required. The above (intra-state) policy applies to the out-of-state participants as well.

Transferring a WIC record for a non-WIC purpose (Parent of the Child or Private Doctors):

A Release of Information Form (**see Attachment AD-3**) must be completed and signed by the participant or parent of the participant before releasing any WIC information to any other agency/program other than WIC. The WIC staff must keep the original record/document in the original clinic. If a mother wants to transfer her child to another WIC clinic and wants to take the WIC record with her (hard copy), the mother must sign the Release of Information form.

If another health program, such as Immunization, private doctors, and DFCS, wants the WIC record, a Release of Information form (**see Attachment AD-3**) must be completed before releasing any confidential WIC information.

If a WIC staff releases any medical/health information other than WIC information, a Release of Information form must be filled out and signed.

Transferring a Foster Child:

When transferring a foster child from one WIC clinic to another WIC clinic, intra-state policy also applies. If a foster child is placed in a different home during the valid certification period, the foster parent must present **any documentation they have received from DFACS, if the foster parent does not have any documentation, use the thirty day form to gain the missing information and issue one (1) month of vouchers.** The new foster parents should sign a Release of Information Form if the new foster parent wants a copy of child's WIC record **(see Attachment AD-3).**

Note: Any time a clinic refuses to send information without a completed Release of Information form, the requesting clinic must advise the Operations Unit at the Georgia WIC Program of the name of the employee, clinic, and date the information was requested. However, the participant must not suffer; in this situation, please send a Release of Information form to the receiving clinic to serve the participant.

The use of the Participant Transfer Log is optional for all clinics. This form was developed in an effort to remind WIC clinic staff of the status of Transfer information from one WIC clinic to another. Documentation of Transfer will be reviewed **(see Attachment CT-9).**

E. Two Methods for Transfer

The Georgia WIC Program has two (2) methods for issuing VOC cards. They are electronic and paper VOC cards issuance.

1. The Electronic VOC Card System (EVOC)
 - a. The Electronic VOC card system automatically:
 1. Prints the card
 2. Completes the inventory
 3. Conducts a physical inventory
 4. Prints your initials
 5. Gives Clinic Manager and Nutrition Services Director access for security reasons
 - b. The Electronic VOC card system procedure requires:
 1. Logging into the VOC card computer system
 2. Entering your password
 3. Entering necessary data in your VOC card system
 4. Printing two copies of the EVOC Card
 - The first signed copy is to be given to the participant
 - The second copy must be placed in the medical record or EVOC card file
 -

If the printing system is linked in GWIS or the GWIS.net, clinic staff is only required to enter the WIC ID number and the required fields will be populated automatically. If the system is not linked to GWIS.net, all required fields on the computer screen must be completed.

- c. Quarterly Report for Electronic VOC Card & Paper VOC Cards
On the last working day of the months of December, March, June and September of each year, WIC clinic staff is required to print a copy of their EVOC card inventory and place it in a file for audit purposes. Additionally, each Nutrition Services Director and designee will have permission to view the EVOC card files at any time for security purposes.
- d. Printing Electronic VOC Cards
EVOC card information is to be printed on regular white 8 ½ x 11 paper.
However, an official EVOC card must be stamped with the Georgia WIC Program stamp using BLACK INK.
- e. Termination Notices
Once the EVOC card information is entered, a Notice of Termination/Waiting List Form will be generated automatically stating the participant has moved out of the area. The only exception to printing a Notice of Termination/Waiting List Form is when a card is issued to a Migrant.
- f. Migrant Transfer
When a migrant visits your clinic, automatically issue an EVOC card.
Instream migrant farmworkers (and their families) with an expired verification of certification (VOC) card must be considered income-eligible, provided that their income is re-determined once every twelve (12) months.
- g. Required Data on the EVOC and Paper VOC cards
Required data on the EVOC and Paper VOC cards is as follows:
 - 1. Clinic #
 - 2. Participant/Parent/Guardian/Spouse/Caregiver Alternate Parent
 - 3. Telephone
 - 4. Address
 - 5. ID #
 - 6. Date of Birth
 - 7. Participant's Name
 - 8. Telephone
 - 9. Participant Address
 - 10. Certification Date
 - 11. Height
 - 12. Date Certification Expires
 - 13. Medical Data Date
 - 14. HGB or
 - 15. HCT
 - 16. Weight
 - 17. Food Package
 - 18. Priority
 - 19. EDC Date

- 20. Migrant (must be checked “yes/no”)
- 21. Nutritional Risk Code (use national risk codes)
- 22. Intended City/State moving to
- 23. Date of Latest Income Eligibility
- 24. Last Date Vouchers Issued
- 25. The Thirty(30)-Day return date and the missing proof information, if applicable, (hand write on paper card)

The signature of the WIC official as well as the WIC applicant is required on the EVOC card. Remember: A VOC card must not be issued to an alternate or proxy. All VOC cards by must be stamped with the WIC Stamp in Black ink.

- h. Physical Inventory
No physical inventory is required for the EVOC system.

2. The Manual VOC Inventory System

The Manual VOC Card Inventory System is a backup system in the event the computer system crashes. This system requires:

- a. Security of VOC cards
- b. Quarterly or monthly physical inventory
- c. Issuance
- d. Counting of cards quarterly or monthly
- e. Signature of person who conducted the inventory and the initials of the person verifying the inventory

F. Ordering VOC Cards

VOC cards can be ordered by the clinic directly from the State or District office. The District office shall determine how/when clinics order VOC Cards. In the event the District office agrees that VOC cards may be ordered directly from the State, the Nutrition Services Director must submit a VOC Card Agreement and a VOC Card form (**see Attachment CT-21 and CT-22**). These two forms must be completed, signed and forwarded to the Georgia WIC Program at the address below. No orders will be accepted from any clinic unless these forms have been received.

The VOC Agreement must be completed by the Nutrition Services Director who must indicate which clinic representative is responsible for requesting VOC cards from the State (**see Attachment CT-21**). NO PHONE CALL REQUESTS WILL BE HONORED.

When ordering VOC cards directly from the State, an order form must be completed and mailed to: Georgia WIC Program, Operations Unit, Suite 10-476, 2 Peachtree Street, NE, Atlanta, Georgia 30303. A minimum of five (5) paper cards must be on hand (**see Attachment CT-23**).

G. Inventories

All local agencies and clinics are responsible for maintaining an inventory of all VOC cards. The State VOC Card Inventory Logs must be used by all local agencies and

clinics (**see Attachments CT-19 and CT-20**). When VOC cards are received, the following must be recorded on the inventory log:

1. The date
2. The number series must be recorded in the beginning/ending number columns.
3. The number of VOC cards received
4. The total number of VOC cards on hand
5. Staff initials must be recorded on the inventory log

The above documentation must be completed the same day the VOC cards are received by a responsible WIC staff person. VOC cards must be used in the order in which they were received: first in, first out. All VOC cards must be used in sequential order until depleted.

EVOG Card Inventory

The EVOG Card Inventory must be printed and filed quarterly on the last working day of December, March, June, and September of each year.

VOC Card Inventory (Paper)

Districts have the option to conduct VOC card physical inventory monthly or quarterly. If monthly is chosen, the physical inventory must be conducted on the last working day of each month. This monthly inventory must be continued for the entire fiscal year. If the District chooses to conduct inventory quarterly, the physical inventory must be conducted on the last working day of December, March, June, and September of each year.

The following must be recorded on the inventory log:

1. The date
 2. The number series must be recorded in the beginning/ending number columns.
 3. "Physical Inventory Conducted" must be documented
 4. The total number of cards on hand
 5. The signature of staff person conducting the physical inventory
 6. The initials of staff person verifying the physical inventory
- The disposition of each VOC must be reflected on the inventory log as all VOC cards must be accounted for.

H. Issuance

A record of the issuance of each card must be maintained. When a VOC card is issued to a participant in the clinic, the following must be recorded on the inventory log (**see Attachment CT-19**):

1. The date the card was issued
2. The VOC card number
3. The participant's name
4. The participant's WIC ID number
5. The signature of the Parent/Guardian/Spouse/Caregiver/Alternate Parent/ (A proxy cannot pick up a VOC card)
6. The City and State participant is moving to or, if issued to a migrant, print "migrant" in the space for City and State

7. The number of cards on hand
8. The signature of the staff person issuing the card

When VOC Cards are issued to the local agency, the following information must be documented (see Attachment CT-20):

1. The date
2. The VOC card number series issued (beginning/ending number columns)
3. The number of cards issued
4. The name of receiving clinic
5. The name of clinic representative at the receiving clinic
6. The total number of cards on hand
7. The signature of staff person conducting the physical inventory
8. The signature of the staff person issuing the card

I. Security

VOC cards are negotiable instruments; therefore, the security of the cards and the accompanying inventory log is imperative. VOC cards, the inventory log, and the WIC stamp must be stored in separate locked locations.

Only authorized personnel may have access to the VOC cards/inventory log. These authorized personnel are determined by the local agency.

When the State office mandates that old stock of VOC cards are replaced with revised ones, complete the Lost/Stolen/Destroyed/Voided Vouchers Report with following (see Attachment FD-18):

- a. The current date
- b. The VOC Card number series (beginning/ending numbers)
- c. The quantity
- d. The status

Retain a copy in the clinic and forward a copy to Georgia WIC Program, Operations Unit, 2 Peachtree Street, NE, Atlanta, Georgia 30303. Document the destroyed VOC cards on the VOC card Inventory Log with the following:

- a. The current date
- b. The VOC card number series (beginning/ending numbers)
- c. Document "Destroyed"
- d. The number on hand
- e. The initials of staff person destroying VOC cards
- f. The initials of staff person verifying that the VOC cards were destroyed

J. Lost/Stolen/Destroyed EVOC or VOC Cards

In the event an EVOC or VOC card is lost, stolen or destroyed, contact the Operations Unit immediately and complete the Lost/Stolen/Destroyed/Voided Voucher Report. This report is located in the Food Delivery Section of the Georgia WIC Program Procedures Manual.

Anytime an EVOC or VOC Card is lost, stolen, destroyed, an Action Memo will be sent to all local agencies by the Georgia WIC Program so that you are aware of the status of the card.

EVOC or VOC Cards must not be reissued to WIC participants within a certification period. If an EVOC or VOC Card is issued to a participant and they later say that they lost it, inform the participant you will send the information to the new location.

When five (5) or more VOC cards are lost, stolen or misplaced, the Notification Summary of Missing Vouchers/VOC Card form must be completed (see Compliance Analysis Section of the Georgia WIC Program Procedures Manual). Once this report is received, an investigation will be conducted by the Office of Inspector General in the Department of Public Health.

When there are any discrepancies in the EVOC card system noted an investigation will automatically take place.

XVIII. WIC OVERSEAS PROGRAM

A. General

The Department of Defense (DOD) has implemented a program overseas similar to WIC. This program is called the WIC Overseas Program.

DOD recently began to phase in implementation of the WIC Overseas Program in five (5) locations. These locations include:

1. Lakenheath, England (Air Force)
2. Yokosuka, Japan (Navy)
3. Baumholder, Germany (Army)
4. Okinawa, Japan (Marines and Air Force)
5. Guantanamo Bay, Cuba (Navy)

Additional WIC Overseas Programs will be phased in at other locations where WIC Overseas Program services and benefits can be provided. Information about DOD's WIC Overseas Programs can be found on the TRICARE Website at: <http://www.tricare.osd.mil>.

B. Impact on USDA's WIC Programs

Legislation limits eligibility in the WIC Overseas Program to:

1. Members of the armed forces (and their dependents) on duty at stations outside the U.S. and their dependents
2. Civilians who are employees of a military department (and their dependents) (e.g., Army, Navy or Air Force) who are U.S. nationals and live outside the U.S and their dependents
3. Contractors employed by DOD who are U.S. nationals living outside the U.S. and their dependents as defined by DOD. All other eligibility requirements for the WIC Overseas Program mirror the USDA's WIC requirements. Therefore, DOD guidelines provide that WIC participants who are transferred overseas and meet eligibility requirements are eligible to participate in the WIC Overseas Program until the end of the certification period. Additionally, any WIC Overseas Program participant

who returns to the U.S. with a valid WIC Overseas Program Verification of Certification (VOC) card must be provided continued participation in USDA's WIC Program until the end of his/her certification period. The WIC Overseas VOC card is a full-page document, which also serves as a Participant Profile Report (**see Attachment CT-35**).

Note: A "dependent" includes a spouse and "U.S. national" who are U.S. citizens or individuals who are not U.S. citizens but owe permanent allegiance to the U.S. as determined in accordance with the Immigration and Nationality Act.

C. New EVOC or VOC Card Requirements

State and local agencies must begin to issue WIC EVOC or VOC Cards to WIC participants affiliated with the military who will be transferred overseas. WIC participants issued EVOC or VOC cards when they transfer overseas must be instructed that:

1. There is no guarantee that the WIC Overseas Program will be operational at the overseas sites where they are being transferred.
2. By law, only certain individuals (as defined in Section B above) are eligible for the WIC Overseas Program.
3. Issuance of a WIC EVOC or VOC card does not guarantee continued eligibility and participation in the WIC Overseas Program. Eligibility for the overseas program will be assessed at the overseas WIC service site.

D. Completion of the EVOC or VOC Card

When completing the EVOC or VOC card for a transfer overseas, please follow the same procedures outlined in TRANSFER OF CERTIFICATION SECTION (Required Data). Special emphasis should be placed on completing these cards with the necessary data to prevent long distance overseas communications.

E. Acceptance of WIC Overseas Program EVOC or VOC Cards

Local agencies must accept a valid WIC Overseas Program VOC card presented at a WIC clinic by WIC Overseas Program participants returning to the U.S. from an overseas assignment. Follow the current procedures outlined in subpart B of Section XVII., *Transfer of Certification: Out of State Transfer/Incomplete VOC Cards*.

If questions arise about the VOC card presented, a current list of WIC Overseas Program contacts is attached (see Attachment CT-36). The list of current contacts will be revised on the website mentioned. Local agencies are also reminded that individuals presenting a valid VOC card must provide proof of residency and identification (with limited exceptions) in accordance with WIC regulations and policies.

XIX. CORRECTING OFFICIAL WIC DOCUMENTS

A. Correcting Mistakes

The following procedure must be followed when a mistake is made on an official WIC document:

1. Make a single line through the error
2. Initial
3. Date
4. Make the correction near the line
5. Write the word error just above the actual error (optional).

B. Adding Information

The following procedure must be followed when it is necessary to write additional information on an official WIC document:

1. Write new information
2. Initial
3. Date

XX. LATE ENTRY CORRECTION OF HEALTH RECORDS

Upon receipt of WIC records from another clinic, review the record for missing information. If information is missing, the receiving WIC clinic may add the missing documentation according to the following procedure:

1. Write the words "LATE ENTRY" in caps in the space where the correction needs to be made.
2. Make the necessary adjustments.
3. Sign your initials and date the change.
4. Any other corrections should be made according to the procedure which is currently outlined in the Georgia WIC Program Procedures Manual.

XXI. DOCUMENTATION PROCEDURES

1. All WIC documentation must be typed or completed in blue or black non-erasable ink.
2. Never use a pencil or red ink.
3. Do not use correction fluid (white out), scratch out or write over the error.
4. Do not, under any circumstances, alter WIC vouchers.
"Official WIC documents" include, but are not limited to: WIC Assessment/ Certification forms, ID cards, VOC cards, inventory logs, vouchers, voucher receipts and health records.

XXII. WAITING LIST

When the local agency is serving its maximum caseload, the state must notify the local agency that a waiting list must be maintained on individuals who visit the clinic to express interest in receiving program benefits and who are likely to be served. However, in no case must an applicant who request placement on the waiting list be denied inclusion.

A waiting list must not begin until the state contacts the United States Department of Agriculture for approval. Once the waiting list is approved by USDA, the state will contact the local agency by sending out an Action memo outlining the procedures for a waiting list. The state agency may establish a policy which permits or requires local agencies to accept telephone requests for placement on the waiting list. Below are additional procedures for maintaining a waiting list.

A. Procedures for Maintaining a Waiting List

1. A waiting list shall be maintained for individuals who qualify and express an interest in receiving Georgia WIC Program benefits. Applications must be kept in order, according to the date and priority they were placed on the waiting list.
2. The waiting list must include the following information to facilitate contacting the applicant when caseload space becomes available:
 - a. Applicant's name
 - b. Date applicant was placed on the waiting list.
 - c. Applicant's address and telephone number.
 - d. Applicant's status (e.g., pregnant, breastfeeding, age of applicant, etc.).
 - e. Applicant's priority.

Applicants must be notified of their placement on the waiting list within 20 days after they visit the local agency during clinic office hours to request benefits.

If the state is approved for establishing procedures to accept telephone requests for applicant's placement on a waiting list, applicants must be notified of their placement on a waiting list within 20 days after contacting the local agency by telephone.

Before a waiting list is instituted, the Competent Professional Authority at the state must apply the applicant's priority system and ensure that the highest priority applicants are processed first to become program participants when caseload slots become available.

B. Procedures for Removal from the Waiting List

The state will notify the local agency when a waiting list ends and the procedures for removal from the waiting list.

The Nutrition Services Director or designee must ensure that the following procedures are followed when removing persons from the waiting list, as caseload expansion is re-established:

1. Only those individuals who are still categorically eligible need to be contacted. All others can be periodically purged from the list.
2. Those persons on the waiting list who are still in a current certification period will be contacted to come to the clinic immediately to receive vouchers. All others will be informed that current medical data is required and must be evaluated before certification will be possible.
3. Applicants will be contacted by phone or letter.

Note: The Notice of Termination/Eligibility/Waiting List Form will be used to notify applicants on the status of the waiting list when the certification expires.

XXIII. DISTRICT WIC RESOURCE PAGE

The Program Integrity and Strategy Unit place all clerical and administrative staff forms and memorandums on the "District WIC Resources" page. The web address is <http://dph.georgia.gov/district-resources>

XXIV. IMMUNIZATION COVERAGE ASSESSMENT

All WIC agencies are required to coordinate with and refer participants to a variety of allied nutrition and primary health care services including immunization. (7 C. F. R. Section 246.4(a)(8)). As with all program coordination efforts, the method by which WIC and immunization services are coordinated is a local agency decision. The Georgia WIC Program and the Immunization Program have a signed agreement to work together to improve the immunization coverage among WIC participants. The objective of this agreement is to raise the level of immunization compliance for infants and children zero (0) to thirty-six (36) months of age. Screening for immunization status begins at birth.

WIC is under Federal mandate to screen every child for immunization status at each certification. The immunization status must be recorded in the medical record and/or the computer. The following information must be recorded: Is there a documented immunization record; the response is (Y) for yes an immunization record is viewed or (R) for the record requested (record was not available). If the prior response was (Y), then the next response should be (Y) the child is adequate for age or (D) referred to doctor or (H) referred to health department. Clients who fail to bring immunization records to clinic for two (2) consecutive certification visits must be referred to the District Immunization Coordinator or designee for tracking and follow-up. Local agencies will be routinely monitored to assure immunization records are assessed and that referrals are being made according to local agency policy. See the Monitoring Section for the tool on which the local agency will be reviewed.

XXV. COMPLAINT PROCEDURES

A. Procedures for Processing a Complaint or Incident

It is required that all complaints be systematically documented. Every effort should be made to resolve an incident or complaint within twenty-four (24) hours.

The Incident/Complaint Paper Form should be used to assure that all required information is captured (**see Attachment CT-39**). Complete the top left hand portion of the form. This section will capture the District/Unit/Clinic and the county in which the incident occurred. Complete the date of the incident and the date the incident was reported. The follow-up date will be completed later when follow-up is done. If the complaint is identified as a Civil Rights Complaint, refer immediately to the Georgia WIC Program Regional Advisory Team Manager.

The top right hand portion of the form is designed to capture the type of complaint. If a participant files a complaint, check participant and complete the Person Filing Complaint and Participant Information section. Proceed with the complaint. If a vendor calls with a complaint, check vendor and complete the Vendor Information section on the form and document the complaint.

When recording the incident/complaint, get as much information about the situation as possible. In the absence of electronic signatures type the name of the person taking the incident/complaint. It is necessary for the local agency to document the resolution of the incident/complaint and indicate if the complaint can be closed at the local level. Record the name and title of the person resolving the complaint and resolution date. This form will be kept on file for five (5) years plus current year.

B. How to File a Complaint (Flyer)

It is required to have the “How to File a Complaint” Flyer displayed and visible in all WIC service delivery points in the clinic (**see Attachment CT-40**). This flyer is included on the WIC ID folder. WIC staff must explain this flyer to the WIC applicants/participants at initial certification, re-certification, mid-certification and half certification.

Please refer to the Rights and Obligations Section of the Georgia WIC Program Procedures Manual, Section IV., subparts E and F regarding complaint procedures.

XXVI. SPECIAL CERTIFICATION CONDITIONS (HOME VISITS)

A. General

A home certification may be done for WIC applicants/participants unable to visit the clinic for an extended period of time due to the following conditions: Recent child birth, prenatal on bed rest, disabilities that inhibit movement from place to place, medical equipment that is difficult to transport or health conditions that would be exacerbated by coming into a WIC clinic.

Districts must receive approval from the Georgia WIC Program as mandated by Federal regulations prior to implementing the routine practice of home certifications. Charges for in-home WIC services are forbidden.

B. Certification for Home Visits

Certification requires all information to be completed on the Certification Form and vouchers issued at the time of certification in order to complete the process.

When only one person completes a certification, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the District Nutrition Services Directors or their designee within three (3) days of certification to comply with separation of duties. Separation of Duties means more than one employee is required to complete the WIC application process of issuing vouchers and conducting the WIC Certification process. However, a form has been created to document the absence of Separation of Duties (see Attachment CT-43) if only one person is completing the entire voucher issuance and WIC certification process. The Separation of Duties Form must be:

- Maintained on file at the District office for review
- Maintained on file for five (5) years plus current year
- Completed within three (3) days of certification
- Used anytime one (1) person completes the certification process alone

C. Procedures

When making a home visit to certify all applicants for the Georgia WIC Program, the following procedures must be followed:

1. Staff will communicate with client by phone; obtain as much information over the phone as possible (establish time and date of visit).
2. Clinic staff must take a laptop or paper Certification Form to the client's home. Clinic staff must request ID, residency and income and documents using established codes. When using a paper Certification Form, place the signed copy of the form in the patient's file. The certifying information must be entered into the computer. However the, unsigned computer printout must not be included in the patient record.
3. Vouchers must be created prior to leaving the WIC clinic. The client must sign the voucher receipt. If blank manual vouchers are used, a copy must be turned into the clinic. The signed receipt or voucher copy must be filed and maintained according to standard operating procedures.
4. Clinic staff may use the mother's Medicaid number as proof for the first sixty (60) days to place an infant on the Georgia WIC Program. Medicaid card verification must be done or a thirty (30)-day certification may be used. If the thirty (30)-day certification is used, the established procedures must be followed.
5. An Ineligibility Notice must be issued if the client is determined to be ineligible at that time.
6. If, after completing the certification process, Voter Registration has been offered according to the requirements of the National Voter Registration Act of 1993, Rights and Obligations and How to File a Complaint flyer have been given, and the applicant/participant is eligible, then vouchers and a WIC ID card must be issued.

7. WIC clinic staff must return the Certification Form, signed copies of Blank Manual Vouchers and other paperwork to clinic for filing.
8. WIC clinic staff must enter all certification and manual voucher information into the computer.
9. Nutrition assessment/education – Based on the data collected from the WIC Assessment and Certification Forms (e.g., client’s available anthropometric, biochemical, nutritional information and health history), a nutrition assessment shall be done and nutrition counseling provided. The client-centered counseling shall include information on the applicant’s nutritional risks identified, food package prescribed, information about the Georgia WIC Program and any referrals for services needed. The nutrition education and related forms shall be documented and filed in the participant’s chart upon return to the clinic.

XXVII. SPECIAL CERTIFICATION CONDITIONS

A. General

The certification process for Newborn/Postpartum certification in the hospital is listed below. This includes but is not limited to the certification and transfer process of WIC participants statewide.

Hospital Newborns/Postpartum WIC Clinics may be transit or stationary clinic sites. The hospital clinics presently serve:

- Newborns delivered on site
- Postpartum women
- Postpartum women already served by clinics during their prenatal period

B. Separation of Duty

When only one (1) person completes any certification process alone, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the Nutrition Services Director or their designee within three (3) days of certification to comply with separation of duties. A form has been created to document the absence of Separation of Duties (**see Attachment CT-43**). The Separation of Duties form must be:

- Maintained on file at the District office for review.
- Maintained on file for five (5) years plus current year.
- Completed within three (3) days of certification.
- Used any time one (1) person completes the certification process alone.

C. Certification Procedure (with use of medical records)

The procedures for certification at a hospital with use of medical records are as follows:

- A list of daily deliveries is given to WIC Staff to make rounds on the OB wards.
- WIC staff visits the OB ward and review the medical records, nurse

- kardex/a list and lab data, which facilitate the certification process.
- The medical records contain the identification (ID), residency, Medicaid documentation, weight, heights and hemoglobin.
- Record Medical Record (MR) for proofs obtained by the hospital medical records. Stamped dated copies are required for proofs received from the applicant/participant or the thirty (30)-day procedure should be used.
- A Certification form is completed. Voter Registration is offered, according to the requirements of the National Voter Registration Act of 1993, Rights and Obligation and How to File a Complaint flyer are given and one (1) to three (3) months of vouchers are issued depending on client risk and follow-up needed.
- The participant is transferred to the clinic of their choice. This includes all health districts and one contracted agency.
- Vouchers are taken on the ward stored in a locked container until issued.
- The participant is given a follow-up appointment with the name and phone number of the WIC clinic to contact.
- WIC staff maintains a daily running list of patients enrolled on the Georgia WIC Program to ensure that duplication does not occur.

Note: High-risk participants – Certifying WIC staff must use professional judgment in determining the number of months of vouchers that are issued to high-risk participants.

D. Certification Procedures (without use of the Medical Record)

When only one person completes any certification process, a copy of the completed Certification Form, voucher receipt(s) and any other documentation must be submitted to the Nutrition Services Director or their designee within three (3) days of certification to comply with separation of duties.

The procedures for certification at a hospital without permission to use Medical Records are as follows:

- WIC staff is given a list (daily) of patients that are on the OB ward. This list contains information that will determine the status of each patient (e.g., name, age, lab data, etc., that facilitates the certification process).
- This list may also contain the identification (ID), residency, Medicaid documentation, weight, heights and hemoglobin.
- Identification, residency and income information (if adjunctive eligibility documentation is not found) is brought to the hospital or the Thirty (30)-Day procedure should be used).
- The WIC employee verifies the list prior to making rounds on the OB wards. This will determine if the patient needs to be seen. Additionally, information must be asked of the applicant to determine eligibility (e.g., income, etc.).
- WIC staff maintains a daily running list of patients enrolled on the Georgia WIC Program to ensure that duplication does not occur.
- A Certification form is completed. Voter Registration is offered, according to the requirements of the National Voter Registration Act of 1993, Rights and Obligations and How to File a Complaint flyer are given and one (1) to

- three (3) months of vouchers are issued.
- The participant is transferred to the clinic of their choice. This includes all county clinics and one contracted agency.
- Vouchers are taken on the ward stored in a locked container until issued.
- The participant is given a follow-up appointment with the name and phone number of the clinic to contact.

Note: High-risk participants – Certifying WIC staff must use professional judgment in determining the number months of vouchers that are issued to high-risk participants.

E. 90-Day Blood Work Policy

Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation. Written approval must be kept on file in the District Office.

F. Voter Registration Policy

WIC applicants/participants are offered the opportunity to register to vote at the time of all application, renewal, recertification and change of address transactions according to the requirements of the National Voter Registration Act of 1993. Follow all the requirements set forth in the Rights and Obligation Section at National Voters Registration Act.

G. Transfers/Caseload Count

Hospital clinics must not maintain any WIC participant from another District for more than three (3) months. In fact, all participants certified for the Georgia WIC Program must be given a copy of their Certification Form to enroll into the clinic/county of their choice.

When clinic staff completes the certification documentation, the information is entered into the computer and transmitted daily to the State contractor.

VOC cards are one method of transfers that are being used. Other clinics are using the three-ply certification form maintaining one copy for the clinic; the second copy is mailed to the receiving clinic and the third copy is given to the participant to carry to the clinic.

H. Identification (ID) Number Assignment

WIC participant ID numbers are assigned based on District policy. **Every effort must be made to ensure the correct WIC ID number is given to a new or transferring participant. The clinic staff must search for each new or transferring participant on GWISnet before issuing a new WIC ID number. When adding an additional family member to an existing WIC family, the clinic must ask the parent if any other family members are currently on or have been on the program, and must perform a search on GWISnet to ensure the next number for the family is correct.**

I. Thirty Day Policy

The Thirty Day Policy may be used in the hospital. However, only one month of vouchers may be issued and the receiving clinic must collect the missing documentation. Please remember to identify the missing documentation on the WIC ID card. Send a copy of the Thirty Day form along with a copy of the Certification Form to the new clinic site.

J. Agreement between the District and Hospital

All hospital-based clinics must have a Memorandum of Understanding or agreement in place with District prior to opening. This agreement must be forwarded to the Georgia WIC Program upon approval.

K. Prior Approval

Written approval must be given by the Georgia WIC Program prior to opening any new WIC clinics (see the Administrative section of the Georgia WIC Program Procedures Manual).

L. File Maintenance in the Hospital

Files for all hospital sites must be kept separate and apart from other records for audit purposes.

M. Voucher Security

All vouchers must be kept secure and follow the procedures outlined in the Georgia WIC Program Procedures Manual.

N. Certification Process in the Hospital

Only one Certification Form is required per certification. If a paper Certification Form is used for certification, file it in the WIC record. Once the certification information is entered into the computer, do not print an additional computer Certification Form.

O. Required Components of a Hospital Certification

1. The name, address, and income of the WIC applicants must be acquired from the Medical Record, or by requesting the information on site from the applicant.
2. The initial contact date is the date the applicant is being certified and vouchers are issued at the hospital.
3. Physical Presence Status – Answer “Yes” because the applicant is considered to be on site during the certification.
4. Residency Proof – This may include the documentation contained in the Medical Record or the documentation the applicant shows you on site. The Thirty Day form may be used as proof of residency.

5. Identity Proof – This may include the documentation contained in the medical record or the documentation that the applicant shows you on site. The Thirty Day form may be used as proof of identification.
6. Date of Certification and Date the Nutritional Risk data was taken – This is the date the documentation was taken on site.
7. Height for Postpartum Women and Length for Infants

Women - Breastfeeding and Non Breastfeeding Post-Partum

- a. Use height from the prenatal certification or the hospital record.
- b. If no documented height is available, then use a self-reported height.

Infants - Use birth length from the hospital for infants (in Medical Record or on the crib card).

8. Weight for Postpartum Women and Infants
Women-Breastfeeding and Non-Breastfeeding Post-Partum

- a. Pre-Pregnancy Weight - Pre-pregnancy weight from health record; self-reported if not available from record.
- b. Current Weight Before Delivery - Required; self-reported if not available from record.

Infants Weight for Infants – Use birth weight from the hospital, which may be found in Medical Record or on the crib card.

9. Hematological Data – Document post-partum hematological data when available, or use the ninety (90)-day hematological policy.

Blood work may be available for postpartum women prior to discharge from the hospital. When postpartum breastfeeding and non-breastfeeding women are certified in the hospital, and hematological data is not available, follow these procedures:

Ninety (90)-day Hematological Policy

- a. Enter the Date of Certification in the Hematological Date field.
- b. Enter the value 88.8 in the Hemoglobin field.
- c. If the applicant is assessed WIC eligible, issue up to two (2) months of vouchers and follow District procedures for obtaining blood work by the next voucher issuance.

Note: Each District must develop a written procedure to be used in obtaining blood work on postpartum breastfeeding and non-breastfeeding women certified in the hospital. This procedure must be approved by the Nutrition Services Unit prior to implementation. Written approval must be kept on file in the District office.

10. Risk Factor Assessment and Documentation - The documentation may come from the Medical Record, or by speaking with the WIC applicant.

Women (Breastfeeding and Non-Breastfeeding Postpartum) - Evaluation of Inappropriate Nutrition Practices.
Infants
 - a. Evaluation of Inappropriate Nutrition Practices and completion of Growth Chart are both optional (hospitals only)
 - b. Risk Factor Assessment Required
11. Primary Nutrition Education and Referrals - Primary nutrition education and appropriate referrals must be documented for all hospital certifications.
12. Signatures and Title of the Competent Professional Authority - Signature and title of person making the income determination. Signature of the applicant/participant/caregiver or parent – Date Applicant is seen.
13. The Statement advising participants of their Rights and Obligations while on the Georgia WIC Program - This information is already on the Certification Form.
14. If information is shared with other Programs, the Disclosure Statement must be on the Certification form.
15. Notification of the participant’s Rights and Obligations – Must be given on site to the participant (handout).
16. Explanation of how the Local Food Delivery System Works - Must be given on site to the participant (handout).
17. Written Advisement of the Ineligibility/Suspension or Disqualification – Not necessary unless ineligible during the initial certification.
18. Voter Registration - Must be offered during the certification process according to the requirements of the National Voter Registration Act of 1993.
19. How to File a Complaint Flyer – Must be given on site to the participant (handout).

P. Two Types of Hospital Clinics

There are two types of hospital clinics. The types are listed below:

A transit clinic is a site where WIC staff does not have an office in the hospital but make rounds to determine eligibility for the Georgia WIC Program. Transit clinic staff must bring documents, vouchers, etc., to the hospital. These clinics do not store records on site. Transit clinics must have WIC records stored at a location separate and apart from other WIC records for audit purposes.

A stationary clinic is a site where WIC staff has a permanent office in the hospital. Stationary clinics have documents, vouchers, etc., housed on site. WIC records are maintained separate and apart from hospital records for WIC audit purposes.

Each site must have its own clinic number regardless if it is a stationary site or voucher issuance site. Additionally, WIC records must be attainable for audits by District/State or USDA.

XXVIII. CLIENT Staff Ratio

Client-to-staff ratios are listed in the Administrative Section of the Georgia WIC Program Procedures Manual for administrative purposes.

XXIX. WIC Interview Script

The WIC Interview Script provides WIC applicants/participants with general WIC information. The WIC Interview Script must be presented to all WIC applicants/participants during the initial certification, process so they will have the opportunity to select their ethnicity, migrant status and all racial categories that applies. However, during the re-certification or mid-certification process it is not necessary to use this script if you ask the following question: "Has anything changed since the last visit, e.g., address, telephone number, migrant status, ethnic origin or race?" Please document change(s) if necessary.

The WIC Interview Script will be a part of the WIC Programmatic Review (**see Attachment CT-42**).

Attachments

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CT-1: WIC Assessment/Certification Form-Prenatal Woman

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
PRENATAL WOMAN

CLINIC	FAMILY NUMBER		WIC ID NUMBER	
NAME LAST	FIRST	MIDDLE INITIAL	BIRTHDATE	
ADDRESS		CITY		ZIP CODE
TELEPHONE	HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROOF OF RESIDENCY UP: _____	PROOF OF I.D. UP: _____	FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	ENTER EDC DATE
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING WIC SERVICES <small>(Must change date if modifications are not consecutive)</small>			Date:	Type:
MEDICAL DATA DATE <small>(Enter date height and weight measurements were taken)</small>				
Height	in	Weight	lbs	Pregravid Weight
				lbs
				Pregravid BMI
Hematological Data Date			HCT	HGB
Hematocrit/Hemoglobin (Value must be ≤ 90 days)				
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)			YES	NO
Low Hgb/Hct			[HR]	201
Underweight (pregravid BMI < 18.5)			[HR]	101
Overweight (pregravid BMI ≥ 25.0)			[HR?]	111
Low Maternal Weight Gain			[HR]	131
* Gestational Weight Loss During Pregnancy			[HR?]	132
High Maternal Weight Gain				133
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/d)			[HR]	211
* Hyperemesis Gravidarum			[HR]	301
* Gestational Diabetes			[HR]	302
* History of Gestational Diabetes				303
* History of Preeclampsia				304
* History of Preterm Delivery (Enter delivery date(s) and weeks gestation: _____)				311
* History of Low Birth Weight Infant(s) (Enter birth weight(s) and birth date(s): _____)				312
* History of Fetal/Neonatal Death (Enter date(s) and weeks gestation: _____)			[HR?]	321
Pregnancy at a Young Age (Age of EDC)				331
* Closely Spaced Pregnancies (Enter termination date of last pregnancy: _____)				332
* High Parity and Young Age (Enter delivery dates of previous pregnancies: _____)				333
* Lack of, or inadequate Prenatal Care [Prenatal care beginning after 1st Trimester (0-13 wks.)]				334
* Multi-Fetal Gestation			[HR]	335
* Fetal Growth Restriction				336
* History of Birth of a Large for Gestational Age Infant (Enter birth weight(s): _____)				337
Pregnant Woman Currently Breastfeeding				338
* History of Birth with Nutrition Related Congenital or Birth Defect(s): _____				339
* Nutrition Related Medical Conditions (List code(s): _____)			[HR?]	
* Smoking (Any smoking of cigarettes, pipes or cigars) (Enter number of cigarettes or cigars smoked or number of times pipe smoked (#/day): _____)				371
* Alcohol and Illegal Drug Use				372
* Oral Health Conditions				381
* Inappropriate Nutrition Practices				400
Other Dietary Risk (Failure to Meet Dietary Guidelines)				401
Transfer of Certification				502
Homelessness				801
Migrancy				802
* Recipient of Abuse				901
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food				902
Foster Care				903
* Environmental Tobacco Smoke Exposure				904
HIGH RISK (Yes or No)				
ELIGIBLE FOR WIC				
PRIORITY: 1= (201, 101, 111, 131, 132, 133, 211, 301, 302, 303, 304, 311, 312, 321, 331, 332, 333, 334, 335, 336, 337, 338, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 502, 904) 4= (400, 401, 502, 801, 802, 901, 902, 903)				
FOOD PACKAGE: (Specify Tailoring Instructions)				
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health (D), PCM (E), PRS (F), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), NAA/One (Q), Refused (R), Community Health Center (S), Children 1 st (T), Other-Specify (U), Dietitian (V), Breastfeeding Peer Counselor (X)			Enrolled In:	
TODAY'S DATE			Referred To:	
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL				

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP (_____)
	* N () R () D () W ()	UP (_____)		UP (_____)	UP (_____)		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated. UP: _____ Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (O=Married 1=Not Married 9=Unknown)	
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)	
Month of gestation at time of first prenatal exam (0= Prenatal Care, 1=1 st . mo., 8=8 th or 9 th mo., 9=Unknown)	
Parity (00= None 01-29 = Number of previous pregnancies)	
Date previous pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)	
Maternal Smoking - Current Visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)	
Household Smoking - Current Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)	
Drinks/week - Current Visit (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)	
Fruit Intake. D=Daily S=Some Days N=Never	
Vegetable Intake. D=Daily S=Some Days N=Never	
Dairy Intake. D=Daily S=Some Days N=Never	
Daily Activity. V=Very Active S=Active Some of the Time N=Not Active	
Screen time. Hours = 00 through 24	

Comments :(Date/Sign/Title): _____

Proxy 1 _____ Proxy 2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may allow information about my participation in Georgia WIC to be shared for non-WIC purposes to determine eligibility with other program services. I understand that this information may be used by Georgia WIC, shared with its local WIC agencies, or shared with other public organizations that serve persons eligible for WIC. Further, I understand that the recipients of this information will only use it to establish the eligibility for programs administered by other public organizations; to conduct outreach for programs administered by other public organizations; to enhance the health, education or well-being of Georgia WIC applicants and participants; to streamline administrative procedures to minimize burdens on program participants and staff; and, to assess and evaluate the State's health system in terms of responsiveness to participants' health care needs and outcomes. The public organizations that receive my information cannot share my information with another organization or person without my permission.

I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)
_____ Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
<p>Please initial below to indicate your preference:</p> <p>___ In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p> <p>___ In applying for WIC services, I DO NOT AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p>		

Revised 6/15

CT-2 WIC Assessment/Certification Form- Post Partum Breastfeeding

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
POSTPARTUM BREASTFEEDING WOMAN

CLINIC	FAMILY NUMBER		WIC ID NUMBER		BIRTHDATE	
NAME LAST		FIRST		MIDDLE INITIAL		BIRTHDATE
ADDRESS			CITY		ZIP CODE	
TELEPHONE			HISPANIC/LATINO		RACE (check all that applies)	
COUNTY OF RESIDENCY			PROOF OF RESIDENCY		PROOF OF I.D.	
UP:			UP:		FOSTER CARE	
INITIAL CONTACT DATE			DATE OF FIRST VISIT REQUESTING WIC SERVICES		Date: Type:	
WOMEN'S FEEDING METHOD:			E M S		E M S	
BREASTFEEDING AN INFANT LESS THAN 1 YEAR OF AGE			Wkgs		Wkgs	
MEDICAL DATA DATE			Current Height / Weight		ht. wt.	
Hematocrit/Hemoglobin			Hematological Data Date:		HCT HGB HCT HGB	
Select appropriate risk criteria per State guidelines			YES		NO	
Low Hgb/Hct			[HR] 201			
Underweight			[HR] 101			
Overweight			[HR?] 111			
High Maternal Weight Gain			[HR] 133			
Elevated Blood Lead Level			[HR] 211			
History of Gestational Diabetes			303			
History of Preeclampsia			304			
Delivery of Preterm Infant(s)			311			
Delivery of Low Birth Weight Infant(s)			312			
Fetal/Neonatal Death			321			
Pregnancy at a Young Age			[HR?] 331			
Closely Spaced Pregnancies			332			
High Parity and Young Age			333			
Multi-Fetal Gestation			[HR] 335			
History of Large for Gestational Age Infant			337			
Birth with Nutrition Related Congenital or Birth Defect(s)			339			
Nutrition Related Medical Conditions			[HR?]			
Smoking			371			
Alcohol and Drug Illegal Use			372			
Oral Health Conditions			381			
Inappropriate Nutrition Practices			400			
Other Dietary Risk			401			
Transfer of Certification			502			
Breastfeeding Mother of an Infant(s) at Nutritional Risk			601			
Breastfeeding Complications or Potential Complications			[HR] 602			
Homelessness			801			
Migrancy			802			
Recipient of Abuse			901			
Woman with Limited Ability to make Feeding Decisions			902			
Foster Care			903			
Environmental Tobacco Smoke Exposure			904			
HIGH RISK (Yes or No)						
ELIGIBLE FOR WIC						
PRIORITY:						
FOOD PACKAGE:			WOMAN'S FOOD PACKAGE:		INFANT'S FOOD PACKAGE:	
SERVICES:			Enrolled In:		Enrolled In:	
CHILDREN'S DATE			Referred To:		Referred To:	
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL						

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP ()
	*N () R () D () W ()	UP ()		UP ()	UP ()		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons:
(MUST Document in Health Record)

Source of Income Code _____ Other _____
(Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____

Check Here if Only One Income Reported ()

Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.

UP: _____
Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (0=Married 1=Not Married 9=Unknown)		
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)		
Month of gestation at time of first prenatal exam (0=0 Prenatal Care, 1=1 st . mo., 8=8 th or 9 th mo., 9=Unknown)		
Last weight prior to delivery (Round to the nearest pound)		
Parity (00= None 01-29 = Number of previous pregnancies)		
Date previous pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)		
Maternal Smoking - current visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)		
Household Smoking - Current Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)		
Drinks/week - Current Visit (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)		
Date breastfeeding began	(MM/DD/YYYY)	
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)	
Fruit Intake.	D=Daily S=Some Days N=Never	
Vegetable Intake.	D=Daily S=Some Days N=Never	
Dairy Intake.	D=Daily S=Some Days N=Never	
Daily Activity.	V=Very Active S=Active Some of the Time N=Not Active	
Screen time.	Hours = 00 through 24	

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

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I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)
	_____ UP:	
_____ Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
Please initial below to indicate your preference:		
___ In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.		
___ In applying for WIC services, I DO NOT AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.		

Revised 6/15

CT-3: WIC Assessment Form- Post Partum Non Breastfeeding

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
POSTPARTUM / NON-BREASTFEEDING WOMAN

CLINIC <input type="text"/>		FAMILY NUMBER <input type="text"/>				WIC ID NUMBER <input type="text"/>				
NAME LAST		FIRST		MIDDLE INITIAL		BIRTHDATE				
ADDRESS				CITY		ZIP CODE				
TELEPHONE ()		HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO				
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PROOF OF RESIDENCY UP: <input type="text"/>		PROOF OF I.D. UP: <input type="text"/>		FOSTER CARE <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTER EDC DATE		
INITIAL CONTACT DATE: DATE OF FIRST VISIT REQUESTING WIC SERVICES <small>(Must change date if certifications are not consecutive)</small>				Date: <input type="text"/>		Type: <input type="text"/>				
NON-BREASTFEEDING, LESS THAN 6 MONTHS POSTPARTUM										
(Enter Delivery Date:)		(Birthweight: lbs. oz.)		EVER BREASTFEED? <input type="checkbox"/> YES <input type="checkbox"/> NO		Weeks Breastfed: <input type="text"/>				
MEDICAL DATA DATE <small>(Enter date height and weight measurements were taken)</small>										
Height <input type="text"/> in.		Weight <input type="text"/> lbs.		Pregravid Weight <input type="text"/> lbs.		Pregravid BMI <input type="text"/>				
Hematological Data Date: <input type="text"/>										
Hematocrit/Hemoglobin (Value must be ≤ 90 days)								HCT <input type="text"/>		HGB <input type="text"/>
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)										
Low Hgb/Hct						[HR]		201		
Underweight (pregravid or current BMI < 18.5)						[HR]		101		
Overweight (pregravid BMI ≥ 25.0)						[HR?]		111		
High Maternal Weight Gain (most recent pregnancy)								133		
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl)						[HR]		211		
* History of Gestational Diabetes								303		
* History of Preeclampsia								304		
* Delivery of Preterm Infant(s) (most recent pregnancy) (Enter weeks gestation:)								311		
* Delivery of Low Birth Weight Infant(s) (most recent pregnancy) (Enter birth weight(s) and delivery date(s):)								312		
* Fetal/Neonatal Death (most recent pregnancy) (Enter date(s) of death and weeks gestation:)								321		
Pregnancy at a Young Age (most recent pregnancy)						[HR?]		331		
* Closely Spaced Pregnancies (most recent pregnancy) (Enter termination dates of last (2) pregnancies:)								332		
* High Parity and Young Age (Enter delivery dates of previous pregnancies:)								333		
* Multi-Fetal Gestation (most recent pregnancy)						[HR]		335		
* History of Large for Gestational Age Infant (Birth weight ≥ 9lbs.) (Enter birth weight(s):)								337		
* Birth with Nutrition Related Congenital or Birth Defect(s) (most recent pregnancy) (Specify defect(s):)								339		
* Nutrition Related Medical Conditions (List code(s):)						[HR?]				
* Smoking (Any smoking of cigarettes, pipes or cigars)								371		
* Alcohol and Illegal Drug Use								372		
* Oral Health Conditions								381		
* Inappropriate Nutrition Practices								400		
Other Dietary Risk (Failure to Meet Dietary Guidelines)								401		
Transfer of Certification								502		
Homelessness								801		
Migrancy								802		
* Recipient of Abuse								901		
* Woman with Limited Ability to make Feeding Decisions and/or Prepare Food								902		
Foster Care								903		
* Environmental Tobacco Smoke Exposure								904		
HIGH RISK (Yes or No)										
ELIGIBLE FOR WIC										
PRIORITY: 3= (331, 502) 6= (201, 101, 111, 133, 211, 303, 304, 311, 312, 321, 331, 332, 333, 335, 336, 337, 339, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 371, 372, 373, 381, 400, 401, 502, 801, 802, 901, 902, 903, 904)										
FOOD PACKAGE: (Specify Tailoring Instructions)										
SERVICES: CH (A), Health Check (B), CMS (C), Women's Health (D), PCM (E), PRS (F), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), NA/None (Q), Refused (R), Community Health Center (S), Children 1 st (T), Other-Specialty (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)								Enrolled In: <input type="text"/>		
TODAY'S DATE								Referred To: <input type="text"/>		
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL										

*Additional Documentation Required

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP (_____)
	* N () R () D () W ()	UP (_____)		UP (_____)	UP (_____)		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated. UP: _____ Staff Initials _____

DATA NEEDED FOR PREGNANCY SURVEILLANCE

Marital Status (0=Married 1=Not Married 9=Unknown)	
Years of Education completed (e.g. 1 st grade = 01, 2yrs. College = 14, Unknown = 99)	
Month of gestation at time of first prenatal exam (0=No Prenatal Care, 1=1 st mo., 8=8 th or 9 th mo., 9=Unknown)	
Last weight prior to delivery (Round to the nearest pound)	
Parity (00= None 01-29 = Number of previous pregnancies)	
Date previous pregnancy ended (000000 = No Previous Pregnancy 01-12 (all four digits) = Month/Year)	
Maternal Smoking – Current Visit (00=no, 01-96=#cigs/day, 97=97 or more, 98=quantity unknown, 99=refused)	
Household Smoking – Current Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)	
Drinks/week – Current Visit (00=No, 01=1 drink, 02-20=drinks, 21=21 or more, 98=quantity unknown, 99=refused)	
Date breastfeeding began	(MM/DD/YYYY)
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)
Fruit Intake.	D=Daily S=Some Days N=Never
Vegetables Intake.	D=Daily S=Some Days N=Never
Dairy Intake.	D=Daily S=Some Days N=Never
Daily Activity.	V=Very Active S=Active Some of the Time N=Not Active
Screen time.	Hours = 00 through 24

Comments :(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

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I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)
_____ Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
<p>Please initial below to indicate your preference:</p> <p>___ In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p> <p>___ In applying for WIC services, I DO NOT AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p>		

Revised 6/15

CT-4: WIC Assessment/Certification Form-Infant

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
INFANT

CLINIC <input type="text"/>		FAMILY NUMBER <input type="text"/>				WIC ID NUMBER <input type="text"/>							
NAME LAST		FIRST		MIDDLE INITIAL		BIRTHDATE							
ADDRESS				CITY		ZIP CODE		MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO					
TELEPHONE ()		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO		RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5							
COUNTY OF RESIDENCY <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		PROOF OF RESIDENCY UP: _____		PARENT/GUARDIAN PROOF OF IDENTIFICATION UP: _____		INFANT PROOF OF IDENTIFICATION UP: _____							
PARENT/GUARDIAN/CAREGIVER/SPOUSE/ALTERNATE PARENT NAME				FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO							
MOTHER'S WIC ID#				LAST WEIGHT BEFORE DELIVERY: lbs.		EDC DATE: _____							
INITIAL CONTACT DATE OF FIRST VISIT REQUESTING WIC SERVICES				Date: _____		Type: _____		Date: _____		Type: _____			
INFANT FEEDING METHOD: (Circle One) E= Exclusively Breastfeeding M= Mostly Breastfeeding S= Some Breastfeeding F= Fully Formula Fed						E		M		S		F	
Check Each Question Yes or No or Write N/A (per state guidelines)						YES		NO		YES		NO	
BREAST FED NOW													
BREASTFED EVER													
RECORD THE NUMBER OF WEEKS INFANT BREASTFED (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)						wks							
DATE OF MOST RECENT BREASTFEEDING RESPONSE													
MEDICAL DATA DATE (Enter date length/weight measurements were taken)													
Length: _____ in													
Weight (Enter Birth weight lbs ozs) _____ lbs _____ ozs													
Hematological Data Date: _____													
Hematocrit/Hemoglobin (Value must be ≤ 90 days)										HCT		HGB	
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)						YES		NO		YES		NO	
* Low Hgb/Hct (Hgb ≤ 10.9 6-11 month) [HR] 201													
Underweight or At Risk of Underweight (≤ 5 th percentile weight/length) [HR?] 103													
High Weight for Length (≥ 98 th percentile weight for length)													
* Short Stature or At Risk of Short Stature [HR?] 121													
* Failure to Thrive [HR] 134													
* Inadequate Growth [HR] 135													
* Low Birth Weight (Birth weight ≤ 5 1/4 lbs. or ≤ 2500 gms) [HR] 141													
* Prematurity (Enter weeks gestation:) 142													
Small for gestational Age 151													
Low Head Circumference (≤ 2 nd percentile) 152													
* Large for Gestational Age (Birth weight ≥ 9 lbs. (4000 gms)) 153													
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211													
* Nutrition Related Medical Conditions (List code(s).) [HR?] 381													
* Oral Health Conditions 381													
* Fetal Alcohol Syndrome [HR] 382													
* Inappropriate Nutrition Practices 400													
Dietary Risk Associated with Complementary Feeding Practices (Infant > 4 months) 428													
Transfer of Certification 502													
* Breastfeeding Complications or Potential Complications [HR] 603													
Infants (up to 6 months old) of a WIC Mother or a woman who would have been eligible during pregnancy 701													
* Breastfeeding Infant of a Woman at Nutritional Risk (Enter mother's risk factors:) 702													
* Infants born to Mother with Mental Retardation, or Alcohol or Drug Abuse During Most Recent Pregnancy 703													
Homelessness 801													
Migrancy 802													
* Recipient of Abuse 901													
* Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food 902													
Foster Care 903													
* Environmental Tobacco Smoke Exposure 904													
HIGH RISK (Yes or No)													
ELIGIBLE FOR WIC													
PRIORITY: 1= (201, 103, 115, 121, 134, 135, 141, 142, 151, 152, 153, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 603, 702, 703, 904) 2= (502, 701, 702) 4= (400, 428, 502, 702, 801, 802, 901, 902, 903)													
												NEVER DOWNGRADE INFANTS PRIORITY	

FOOD PACKAGE: (Specify Tailoring Instructions)			
SERVICES: CH (A), Health Check (B), CMS (C), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), NA/None (Q), Refused (R), Community Health Center (S), Children 1st (T), Other-Specify (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)		Enrolled In:	Enrolled In:
		Referred To:	Referred To:
TODAY'S DATE			
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL			

*Additional Documentation Required

Do you have a medical home? Yes No M.D. Name _____

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP (_____)
	* N () R () D () W ()	UP (_____)		UP (_____)	UP (_____)		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record)

Source of Income Code _____ Other _____ (Write in type)

UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Staff Initials _____

Is the Client Income Eligible? YES () NO () UP _____

Check Here if Only One Income Reported ()

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated.

UP: _____ Staff Initials _____

Peachcare	Y=Yes	N=No		
Date breastfeeding began	(MM/DD/YYYY)			
Household Smoking – Current Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)				
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)			

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy 2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

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I understand that the chief state health officer for Georgia may allow information about my participation in Georgia WIC to be shared for non-WIC purposes to determine eligibility with other program services. I understand that this information may be used by Georgia WIC, shared with its local WIC agencies, or shared with other public organizations that serve persons eligible for WIC. Further, I understand that the recipients of this information will only use it to establish the eligibility for programs administered by other public organizations; to conduct outreach for programs administered by other public organizations; to enhance the health, education or well-being of Georgia WIC applicants and participants; to streamline administrative procedures to minimize burdens on program participants and staff; and, to assess and evaluate the State's health system in terms of responsiveness to participants' health care needs and outcomes. The public organizations that receive my information cannot share my information with another organization or person without my permission.

I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)
_____ Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
<p>Please initial below to indicate your preference:</p> <p><input type="checkbox"/> In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p> <p><input type="checkbox"/> In applying for WIC services, I DO NOT AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.</p>		

Revised 6/15

CT-5: WIC Assessment/Certification Form- Child

GEORGIA WIC PROGRAM
ASSESSMENT/CERTIFICATION FORM
CHILD

CLINIC	FAMILY NUMBER		WIC ID NUMBER			
NAME LAST	FIRST	MIDDLE INITIAL	BIRTHDATE			
ADDRESS		CITY	ZIP CODE		MIGRANT <input type="checkbox"/> YES <input type="checkbox"/> NO	
TELEPHONE	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HISPANIC/LATINO <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE (check all that applies) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			
COUNTY OF RESIDENCY	PROOF OF RESIDENCY	PARENT/GUARDIAN PROOF OF IDENTIFICATION		CHILD PROOF OF IDENTIFICATION		
UP:	UP:	UP:		UP:		
EDC DATE:	FOSTER CARE INFORMATION		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO		FOSTER CARE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PARENT/GUARDIAN/CAREGIVER/SPOUSE/ALTERNATE PARENT NAME:						
INITIAL CONTACT DATE OF FIRST VISIT REQUESTING WIC SERVICES (Must change date if certifications are not consecutive)				Date:	Type:	Date:
Check Each Question Yes or No or Write N/A (per state guidelines)				YES	NO	YES
BREAST FED NOW						
BREASTFED EVER						
RECORD THE NUMBER OF WEEKS CHILD BREASTFED (00= 0-6 days, 01= 7-13 days, 02= 14-20 days, 03= 21-27 days, etc.)				WKS		WKS
DATE OF MOST RECENT BREASTFEEDING RESPONSE						
MEDICAL DATA DATE (Enter date length/weight measurements were taken)						
Length/Height:		Recumbent (R) or Standing (S) Circle One		in.	R	S
Weight (Enter Birth weight		lbs	oz	lbs.	ozs	lbs.
Hematocrit/Hemoglobin (Value must be ≤ 90 days)		Hematological Data Date:		HCT	HGB	HCT
Select appropriate risk criteria per State guidelines (See Risk Criteria Handbook for definitions)				YES	NO	YES
Low Hgb/Hct (Hgb ≤ 10.9 12-23 months; ≤ 11.0 2-5 year) [HR] 201						
Underweight or At Risk of Underweight (≤ 5 th percentile 12-23 months; ≤ 10 th percentile 2-5 years) [HR?] 103						
Obese (2-5 years) [HR] 113						
Overweight (2-5 years) 114						
High Weight for Length (C < 24 months) 118						
Short Stature or At Risk of Short Stature [HR?] 121						
* Failure to Thrive [HR] 134						
Inadequate Growth [HR] 135						
* Low Birth Weight (Children < 24 months of age) 141						
* Prematurity (Children < 24 months of age) (Enter weeks gestation:) 142						
Small for Gestational Age (< 24 months) 151						
Low Head Circumference (< 24 months) 152						
* Elevated Blood Lead Level (Blood Lead Level ≥ 10 µg/dl) [HR] 211						
* Nutrition Related Medical Conditions (List code(s):) [HR] 211						
* Oral Health Conditions 381						
* Fetal Alcohol Syndrome [HR] 382						
* Inappropriate Nutrition Practices 400						
Other Dietary Risk (< 24 months) 401						
Dietary Risk Associated with Complementary Feeding Practices (< 24 months) 428						
Transfer of Certification 502						
Homelessness 801						
Migrancy 802						
* Recipient of Abuse 901						
* Primary Caregiver with Limited Ability to make Feeding Decisions and/or Prepare Food 902						
Foster Care 903						
* Environmental Tobacco Smoke Exposure 904						
HIGH RISK (Yes or No)						
ELIGIBLE FOR WIC						
PRIORITY: 3= (201, 103, 113, 114, 115, 121, 134, 135, 141, 142, 151, 152, 211, 341, 342, 343, 344, 345, 346, 347, 348, 349, 351, 352, 353, 354, 355, 356, 357, 359, 360, 362, 381, 382, 502, 904)						
5= (400, 401, 428, 502, 801, 802, 901, 902, 903)						
FOOD PACKAGE: (Specify Tailoring Instructions)						
SERVICES: CH (A), Health Check (B), CMS (C), Immun (G), Lead Screen (H), Dental Health (I), STD (J), Private MD (K), SNAP (L), Medicaid (M), TANF (N), Mental Health (O), Head Start (P), N/A/None (Q), Refused (R), Community Health Center (S), Children 1st (T), Other-Specify (U), Dietitian (V), Breastfeeding (W), Breastfeeding Peer Counselor (X)				Enrolled In:		Enrolled In:
TODAY'S DATE				Referred To:		Referred To:
SIGNATURE AND TITLE OF HEALTH PROFESSIONAL						

*Additional Documentation Required

Do you have a medical home? Yes No M.D. Name _____

INCOME DETERMINATION (income must be documented)

DATE	PHYSICAL PRESENCE	MEDICAID CURRENT Y/N/U	MEDICAID I.D. NUMBER VERIFY	TANF Y/N/U	SNAP Y/N/U	NO. IN FAMILY	GROSS INCOME (CURRENT/ANNUAL)
				COPY AND FILE			
	Y () N ()*	Y () U () N ()		Y () U () N ()	Y () U () N ()		C () A () UP (_____)
	*N () R () D () W ()	UP (_____)		UP (_____)	UP (_____)		

* See Procedures Manual (CT - Physical Presence) for a list of applicable reasons: (MUST Document in Health Record) Source of Income Code _____ Other _____ (Write in type)
UP: _____

No Proof () How is food, shelter, clothing and Medical Care obtained? _____

Is the Client Income Eligible? YES () NO () UP _____ Check Here if Only One Income Reported () Staff Initials _____

NOTE: The Income Calculation Form must be completed and filed in the Client's Medical Record if more than one income was calculated. UP: _____ Staff Initial _____

Peachcare	Y=Yes	N=No		
Date breastfeeding began.	(MM/DD/YYYY)			
Date of last time of breastfeeding and/or pumping	(MM/DD/YYYY)			
Fruit Intake.	D=Daily	S=Some Days	N=Never	
Household Smoking – Current Visit (1=Yes, someone smokes, 2=No, no one smokes, 9=unknown)				
Vegetable Intake.	D=Daily	S=Some Days	N=Never	
Dairy Intake.	D=Daily	S=Some Days	N=Never	
Daily Activity.	V=Very Active	S=Active Some of the Time	N=Not Active	
Screen Time.	Hours = 00 through 24			

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

IMMUNIZATION STATUS

Record Screened/Requested? Yes () Requested ()

Adequate for Age/Referred: Yes () Doctor () Health Dept. ()

Comments:(Date/Sign/Title): _____

Proxy 1 _____ Proxy2 _____

WIC CERTIFICATION STATEMENT

RIGHTS AND OBLIGATIONS

I have been advised of my rights and obligations for participation in the Georgia WIC Program. I certify that the information I will provide, or have provided, is correct to the best of my knowledge. The income information that I have provided is my total gross household income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. The Georgia WIC Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying to the Georgia WIC Program, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

NOTICE OF DISCLOSURE

I understand that the chief state health officer for Georgia may allow information about my participation in Georgia WIC to be shared for non-WIC purposes to determine eligibility with other program services. I understand that this information may be used by Georgia WIC, shared with its local WIC agencies, or shared with other public organizations that serve persons eligible for WIC. Further, I understand that the recipients of this information will only use it to establish the eligibility for programs administered by other public organizations; to conduct outreach for programs administered by other public organizations; to enhance the health, education or well-being of Georgia WIC applicants and participants; to streamline administrative procedures to minimize burdens on program participants and staff; and, to assess and evaluate the State's health system in terms of responsiveness to participants' health care needs and outcomes. The public organizations that receive my information cannot share my information with another organization or person without my permission.

I also understand that if I do not want my information shared, that decision will not affect my participation in Georgia WIC.

_____ Name of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent (please print)	_____ Date	_____ Name of WIC Official (please print)
_____ Signature of WIC Applicant/Participant/ Guardian/Caregiver/Spouse/Alternate Parent	_____ Date	_____ Signature of WIC Official
Please initial below to indicate your preference:		
<input type="checkbox"/> In applying for WIC services, I AGREE to allow my information to be shared for the purposes referenced above. I understand that if I do not want my information to be shared, this decision will not affect my participation in the Georgia WIC Program.		
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Revised 6/15

CT-6: FFY2016 Nutrition Risk Criteria Handbook

DATA AND DOCUMENTATION REQUIRED FOR WIC
ASSESSMENT/CERTIFICATION

PRENATAL WOMEN

Data	Prenatal Women
Height	Required
Pre-Pregnancy Weight	Required
Current Weight	Required
Hematocrit or Hemoglobin	Required
Prenatal Weight Grid Plotted	Required
Evaluation of Inappropriate Nutrition Practices	Required
Risk Factor Assessment	Required

NUTRITION RISK CRITERIA
PREGNANT WOMEN

PREGNANT WOMEN			
CODE			PRIORITY
201	LOW HEMOGLOBIN/HEMATOCRIT		I
		<u>Hemoglobin</u>	<u>Hematocrit</u>
	1 st Trimester (0-13 wks):		
	Non-Smokers	10.9 gm or lower	32.9% or lower
	Smokers	11.2 gm or lower	33.9% or lower
	2 nd Trimester (14-26 wks):		
	Non-Smokers	10.4 gm or lower	31.9% or lower
	Smokers	10.7 gm or lower	32.9% or lower
	3 rd Trimester (27-40 wks):		
	Non-Smokers	10.9 gm or lower	32.9% or lower
	Smokers	11.2 gm or lower	33.9% or lower
	High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)		
101	UNDERWEIGHT		I
	Pre-pregnancy weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix B-1.		
	High Risk: Pre-pregnancy BMI <18.5		
111	OVERWEIGHT		I
	Pre-pregnancy weight is equal to a Body Mass Index of ≥25. Refer to BMI Table, Appendix B-1.		
	High Risk: Pre-pregnancy BMI >29.9		
131	LOW MATERNAL WEIGHT GAIN		I
	Low weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point beneath the bottom line of the appropriate weight gain range for her respective prepregnancy weight category.		
	Refer to Appendix B-2.		
	High Risk: Low Maternal Weight Gain		

PREGNANT WOMEN		PRIORITY
CODE		
132	<p>GESTATIONAL WEIGHT LOSS DURING PREGNANCY</p> <ul style="list-style-type: none"> During first (0-13 weeks) trimester, any weight loss below pregravid weight; based on pregravid weight and current weight. <p>OR</p> <ul style="list-style-type: none"> During second and third trimesters (14-40 weeks gestation), ≥ 2 lbs weight loss. Based on two weight measures recorded at 14 weeks gestation or later. <p>Document: Two weight measures as specified above</p> <p>High Risk: Weight loss of ≥ 2 lbs in the second and third trimesters</p>	I
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>High maternal weight gain at any point in pregnancy, such that a pregnant women's weight plots at any point above the top line of the appropriate weight gain range for her respective prepregnancy weight category.</p>	I
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	I
301	<p>HYPEREMESIS GRAVIDARUM</p> <p>Severe nausea and vomiting to the extent that the pregnant woman becomes dehydrated and acidotic.</p> <p>Presence of hyperemesis gravidarum diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed hyperemesis gravidarum</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
302	<p>GESTATIONAL DIABETES</p> <p>Gestational diabetes mellitus (GDM) is defined as any degree of glucose/carbohydrate intolerance with onset or first recognition during pregnancy.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gestational diabetes</p>	I
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
304	<p>HISTORY OF Preeclampsia</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders</p> <p>Document: Diagnosis and name of the physician that treated this condition in the participant's health record.</p>	I
311	<p>HISTORY OF PRETERM DELIVERY</p> <p>Any history of infant(s) born at 37 weeks gestation or less</p> <p>Document: Delivery date(s) and weeks gestation in participant's health record</p>	I

PREGNANT WOMEN		
CODE		PRIORITY
312	<p>HISTORY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms).</p> <p>Document: Weight(s) and birth date(s) in the participant's health record</p>	I
321	<p>HISTORY OF FETAL OR NEONATAL DEATH</p> <p>Any fetal death(s) (death greater than or equal to 20 weeks gestation) or neonatal death(s) (death occurring from 0-28 days of life).</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For current pregnancy, Conception at less than or equal to 17 years of age.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age.</p>	I
332	<p>CLOSELY SPACED PREGNANCIES</p> <p>For current pregnancy, the participant's EDC is less than 25 months after the termination of the last pregnancy.</p> <p>Document: Termination date of last pregnancy and EDC in the participant's health record</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception, AND 2. She has had 3 or more previous pregnancies of at least 20 weeks duration, regardless of birth outcome. <p>Document: EDC date; number of pertinent pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	I
334	<p>LACK OF, OR INADEQUATE PRENATAL CARE</p> <p>Prenatal care beginning after the 1st trimester (0-13 weeks)</p> <p>Document: Weeks gestation, in participant's health record, when prenatal care began. A pregnancy test is not prenatal care.</p>	I
335	<p>MULTI-FETAL GESTATION</p> <p>More than one (>1) fetus in a current pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Multi-fetal gestation</p>	I
336	<p>FETAL GROWTH RESTRICTION</p> <p>Fetal Growth Restriction (FGR) (replaces the term Intrauterine Growth Retardation (IUGR), may be diagnosed by a physician with serial measurements of fundal height, abdominal girth and can be confirmed with ultrasonography. FGR is usually defined as a fetal weight <10th percentile for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Fetal Growth Restriction (FGR) must be diagnosed by a physician or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis in participant's health record</p> <p>High Risk: Fetal Growth Restriction</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
337	<p>HISTORY OF BIRTH OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Prenatal woman has delivered one (1) or more infants with a birth weight of 9 pounds (4000 gm) or more.</p> <p>Document: Birth weight(s) in the participant's health record</p>	I
338	<p>PREGNANT WOMAN CURRENTLY BREASTFEEDING</p> <p>Breastfeeding woman who is now pregnant.</p> <p>Note: Refer to or provide appropriate breastfeeding counseling, especially if at risk for not meeting her own nutrient needs, for a decrease in milk supply, or for premature labor.</p>	I
339	<p>HISTORY OF BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A prenatal woman with any history of giving birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip).</p> <p>Document: Infant(s) congenital and/or birth defect(s) in participant's health record</p>	I

PREGNANT WOMEN	
CODE	PRIORITY
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	<p>I</p>
<p>342 GASTRO-INTESTINAL DISORDERS:</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>I</p>

PREGNANT WOMEN		PRIORITY
CODE		
343	<p>DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	I
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves’ disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto’s thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed hypertension</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	I
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	I
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	I

PREGNANT WOMEN		PRIORITY
CODE		
349	<p>GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	I
351	<p>INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	I

PREGNANT WOMEN	
CODE	PRIORITY
<p>352 INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	<p>I</p>
<p>353 FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed food allergy.</p>	<p>I</p>

PREGNANT WOMEN		PRIORITY
CODE		
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	I
355	<p>LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	I
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	I

PREGNANT WOMEN	
CODE	PRIORITY
<p>357 DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	<p>I</p>
<p>358 EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	<p>I</p>

PREGNANT WOMEN		PRIORITY
CODE		
359	<p>RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health care provider working under the orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	I
360	<p>OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	I
361	<p>DEPRESSION</p> <p>Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician, clinical psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of physician, clinical psychologist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	I

PREGNANT WOMEN

CODE		PRIORITY
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	I
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form. See Appendix D for documentation codes.</p>	I
372	<p>ALCOHOL AND ILLEGAL DRUG USE</p> <p>Any alcohol use:</p> <p>A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> • 1 can of beer (12 fluid oz) • 5 oz wine • 1 ½ fluid oz liquor <p>Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days</p> <p>Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days</p> <p>Document: Enter the number of servings of alcohol per week on the WIC Assessment/Certification Form. See Appendix D for documentation codes.</p> <hr/> <p>Any illegal drug use:</p> <p>Document: Type of drug(s) being used.</p>	I

PREGNANT WOMEN

CODE	PRIORITY
<p>381 ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> • Dental Caries • Periodontal Disease – Gingivitis or periodontitis • Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	<p>I</p>
<p>400 INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	<p>IV</p>
<p>401 FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be presumed to be at nutritional risk based on failure to meet the Dietary Guidelines for Americans.</p> <p>(This risk factor may be assigned only when a woman does not qualify for risk 400 or for any other risk factor.)</p>	<p>IV</p>
<p>502 TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	<p>I, IV</p>

PREGNANT WOMEN		PRIORITY
CODE		
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedure Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Battering (abuse) within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	IV
902	<p>PRENATAL WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women's specific limited abilities in the participant's health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	I

DATA AND DOCUMENTATION REQUIRED FOR WIC
ASSESSMENT/CERTIFICATION

BREASTFEEDING WOMEN

Data	Breastfeeding and Non-Breastfeeding Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic	Breastfeeding Woman Certified in Clinic \geq 6 Months Postpartum
Height	Pre-pregnancy height from health record; self-reported if not available from record	Required	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self-reported if not available from record	Required	Required
Current Weight	If available	Required	Required
Last Weight Before Delivery	Required	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required	Optional
Evaluation of Inappropriate Nutrition Practices	Required	Required	Required
Risk Factor Assessment	Required	Required	Required

NUTRITION RISK CRITERIA
BREASTFEEDING WOMEN

BREASTFEEDING WOMEN		PRIORITY
CODE		
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Non-Smokers: Hemoglobin: 11.9 gm or lower (\geq 15 years of age) 11.7 gm or lower (< 15 years of age) Hematocrit: 35.8% or lower</p> <p>Smokers: Hemoglobin: 12.2 gm or lower (\geq 15 years of age) 12.0 gm or lower (< 15 years of age) Hematocrit: 36.8% or lower</p> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)</p>	I
101	<p>UNDERWEIGHT</p> <p>< 6 months Postpartum: Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix B-1.</p> <p>\geq 6 months Postpartum: Current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix B-1.</p> <p>High Risk: Current BMI <18.5</p>	I
111	<p>OVERWEIGHT</p> <p><6 months Postpartum: Pre-pregnancy weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix B-1.</p> <p>\geq 6 months postpartum: Current weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix B-1.</p> <p>High Risk: Current BMI >29.9</p>	I

BREASTFEEDING WOMEN		PRIORITY																				
CODE																						
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Group</th> <th>Definition (BMI)</th> <th>Cut-off Value (Singleton)</th> <th>Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>>35 lbs</td> <td>>54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>>25 lbs</td> <td>>50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> <td>>42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix B-2) Document: Pre-gravid weight and last weight before delivery</p>	Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	I
Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)																			
Underweight	< 18.5	>40 lbs	*																			
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Overweight	25.0 to 29.9	>25 lbs	>50 lbs																			
Obese	≥ 30.0	>20 lbs	>42 lbs																			
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	I																				
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I																				

BREASTFEEDING WOMEN		PRIORITY
CODE		
304	<p>HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	I
311	<p>DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	I
312	<p>DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record</p>	I
321	<p>FETAL OR NEONATAL DEATH</p> <p>A fetal death (death \geq 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	I

BREASTFEEDING WOMEN		PRIORITY
CODE		
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy, Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	I
332	<p>CLOSELY SPACED PREGNANCIES</p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	I
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception AND 2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy. <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record.</p>	I
335	<p>MULTI FETAL GESTATION</p> <p>More than one (>1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	I
337	<p>HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>339 BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect), excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in participant's health record</p>	<p>I</p>
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>342 GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>I</p>
<p>343 DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	<p>I</p>

BREASTFEEDING WOMEN		PRIORITY
CODE		
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	I
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>347 CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating the condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	<p>I</p>
<p>348 CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	<p>I</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>I</p>

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>352 INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating this condition in the participant’s health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write “See Medical Record” for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	<p>I</p>
<p>353 FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant’s health record.</p> <p>High Risk: Diagnosed food allergy</p>	<p>I</p>

BREASTFEEDING WOMEN		
CODE		PRIORITY
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	I
355	<p>LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>356 HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	<p>I</p>
<p>357 DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant’s health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	<p>I</p>

BREASTFEEDING WOMEN		
CODE		PRIORITY
358	<p>EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	I
359	<p>RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under the standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	I

BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	<p>I</p>
<p>361 DEPRESSION</p> <p>Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician, clinical psychologist or someone working under a physician’s orders, or as self-reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of physician, clinical psychologist or someone working under a doctor’s orders that is treating this condition in the participant’s health record.</p>	<p>I</p>

BREASTFEEDING WOMEN		
CODE		PRIORITY
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/description of the delay and how it interferes with the ability to eat and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	I
363	<p>PRE-DIABETES</p> <p>Presence of pre-diabetes diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed pre-diabetes</p>	I
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form.</p>	I

BREASTFEEDING WOMEN		
CODE		PRIORITY
372	<p>ALCOHOL AND ILLEGAL DRUG USE</p> <p>Alcohol use:</p> <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day OR • Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days, OR • Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days <p>A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> - 1 can of beer (12 fluid oz) - 5 oz wine - 1 ½ fluid oz liquor <p>Document: Alcohol Use; identify type (Routine - Enter oz./wk: ____, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form.</p> <p>See Appendix D for documentation codes.</p> <hr/> <p>Any Illegal drug use:</p> <p>Document: Type of drug(s) being used.</p>	I
381	<p>ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> • Dental Caries • Periodontal Disease – Gingivitis or periodontitis • Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	I

BREASTFEEDING WOMEN		PRIORITY
CODE		
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	IV
401	<p>FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be <u>presumed</u> to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a woman does not qualify for risk 400 or for any other risk factor.)</p>	IV
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	I, II, IV
601	<p>BREASTFEEDING AN INFANT AT NUTRITIONAL RISK</p> <p>A breastfeeding woman whose breastfed infant has been determined to be at nutritional risk.</p> <p>Document: Infant's risks on mother's WIC Assessment/Certification Form.</p>	I, II, IV

BREASTFEEDING WOMEN		PRIORITY
CODE		
602	<p>BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS</p> <p>A breastfeeding woman with any of the following complications or potential complications for breastfeeding.</p> <ul style="list-style-type: none"> a. severe breast engorgement b. recurrent plugged ducts c. mastitis d. flat or inverted nipples e. cracked, bleeding or severely sore nipples f. age \geq 40 years g. failure of milk to come in by 4 days postpartum h. tandem nursing (nursing two siblings who are not twins) <p>Document: Complications or potential complications in the participant's health record.</p> <p>High Risk: Refer to or provide the mother with appropriate breastfeeding counseling.</p>	I
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Program Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	IV

BREASTFEEDING WOMEN		
CODE		PRIORITY
902	<p>BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women's specific limited abilities in the participant's health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	I

DATA AND DOCUMENTATION REQUIRED FOR WIC
ASSESSMENT/CERTIFICATION

POSTPARTUM NON-BREASTFEEDING WOMEN

Data	Woman Certified in Hospital Prior to Initial Discharge	Woman Certified in Clinic
Height	Pre-pregnancy height from health record; self reported if not available from record	Required
Pre-Pregnancy Weight	Pre-pregnancy weight from health record; self reported if not available from record	Required
Current Weight	If available	Required
Last Weight Before Delivery	Required	Required
Hemoglobin or Hematocrit	Required (Apply 90-day rule when not available)	Required
Evaluation of Inappropriate Nutrition Practices	Required	Required
Risk Factor Assessment	Required	Required

NUTRITION RISK CRITERIA
POSTPARTUM, NON- BREASTFEEDING WOMEN

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Non-Smokers: Hemoglobin: 11.9 gm or lower (\geq 15 years of age) 11.7 gm or lower (< 15 years of age) Hematocrit: 35.8% or lower</p> <p>Smokers: Hemoglobin: 12.2 gm or lower (\geq 15 years of age) 12.0 gm or lower (< 15 years of age) Hematocrit: 36.8% or lower</p> <p>High Risk: Hemoglobin OR hematocrit at treatment level (Appendix A-1)</p>	VI
101	<p>UNDERWEIGHT</p> <p>Pre-pregnancy or current weight is equal to a Body Mass Index (BMI) of <18.5. Refer to BMI Table, Appendix B-1.</p> <p>High Risk: Pre-pregnancy or current BMI <18.5</p>	VI
111	<p>OVERWEIGHT</p> <p>Pre-pregnancy weight is equal to a Body Mass Index (BMI) of \geq25. Refer to BMI Table, Appendix B-1.</p> <p>High Risk: Pre-pregnancy BMI >29.9</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN																								
CODE				PRIORITY																				
133	<p>HIGH MATERNAL WEIGHT GAIN</p> <p>Non-Breastfeeding (most recent pregnancy only): total gestational weight gain exceeding the upper limit of the recommended range based on Body Mass Index (BMI), as follows:</p> <table border="1"> <thead> <tr> <th>Prepregnancy Weight Group</th> <th>Definition (BMI)</th> <th>Cut-off Value (Singleton)</th> <th>Cut-off Value (Multi-Fetal)</th> </tr> </thead> <tbody> <tr> <td>Underweight</td> <td>< 18.5</td> <td>>40 lbs</td> <td>*</td> </tr> <tr> <td>Normal Weight</td> <td>18.5 to 24.9</td> <td>>35 lbs</td> <td>>54 lbs</td> </tr> <tr> <td>Overweight</td> <td>25.0 to 29.9</td> <td>>25 lbs</td> <td>>50 lbs</td> </tr> <tr> <td>Obese</td> <td>≥ 30.0</td> <td>>20 lbs</td> <td>>42 lbs</td> </tr> </tbody> </table> <p>*There are no provisional guidelines for underweight woman with multiple fetuses. (Appendix B-2)</p> <p>Document: Pre-gravid weight and last weight before delivery</p>			Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)	Underweight	< 18.5	>40 lbs	*	Normal Weight	18.5 to 24.9	>35 lbs	>54 lbs	Overweight	25.0 to 29.9	>25 lbs	>50 lbs	Obese	≥ 30.0	>20 lbs	>42 lbs	VI
Prepregnancy Weight Group	Definition (BMI)	Cut-off Value (Singleton)	Cut-off Value (Multi-Fetal)																					
Underweight	< 18.5	>40 lbs	*																					
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Overweight	25.0 to 29.9	>25 lbs	>50 lbs																					
Obese	≥ 30.0	>20 lbs	>42 lbs																					
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥10 µg/deciliter within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in the participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥10 µg/deciliter within the past 12 months.</p>			VI																				
303	<p>HISTORY OF GESTATIONAL DIABETES</p> <p>History of diagnosed gestational diabetes mellitus (GDM)</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>			VI																				

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
304	<p>HISTORY OF PREECLAMPSIA</p> <p>History of diagnosed preeclampsia</p> <p>Presence of condition diagnosed by a physician as self-reported by applicant/participant/caregiver; or as reported or documented by physician, or someone working under physician's orders for any pregnancy.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p>	VI
311	<p>DELIVERY OF PREMATURE INFANT(S)</p> <p>Woman has delivered one (1) or more infants at 37 weeks gestation or less. Applies to most recent pregnancy only.</p> <p>Document: Delivery date and weeks gestation in participant's health record</p>	VI
312	<p>DELIVERY OF LOW BIRTH WEIGHT INFANT(S)</p> <p>Woman has delivered one (1) or more infants with a birth weight of less than or equal to 5 lb 8 oz (2500 gms). Applies to most recent pregnancy only.</p> <p>Document: Weight(s) and birth date in the participant's health record.</p>	VI
321	<p>FETAL OR NEONATAL DEATH</p> <p>A fetal death (death \geq 20 weeks gestation) or a neonatal death (death occurring from 0-28 days of life). Applies to most recent pregnancy only.</p> <p>Document: Date(s) of fetal/neonatal death(s) in the participant's health record; weeks gestation for fetal death(s); age, at death, of neonate(s). This does not include elective abortions.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
331	<p>PREGNANCY AT A YOUNG AGE</p> <p>For most recent pregnancy. Conception at less than or equal to 17 years of age. Applies to most recent pregnancy only.</p> <p>Document: Age at conception on the WIC Assessment/Certification Form</p> <p>High Risk: Conception at less than or equal to 17 years of age</p>	III
332	<p>CLOSELY SPACED PREGNANCIES</p> <p>Delivery date for most recent pregnancy occurred less than 25 months after the termination of the previous pregnancy.</p> <p>Document: Termination dates of last two pregnancies in the participant's health record.</p>	VI
333	<p>HIGH PARITY AND YOUNG AGE</p> <p>The following two (2) conditions must both apply:</p> <ol style="list-style-type: none"> 1. The woman is under age 20 at date of conception AND 2. She has had 3 or more pregnancies of at least 20 weeks duration (regardless of birth outcome), previous to the most recent pregnancy. <p>Document: Delivery date; number of pertinent previous pregnancies (of at least 20 weeks gestation) and weeks gestation for each, in the participant's health record</p>	VI
335	<p>MULTI FETAL GESTATION</p> <p>More than one (>1) fetus in the most recent pregnancy</p> <p>High Risk: Multi-fetal gestation</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		CODE
337	<p>HISTORY OF A LARGE FOR GESTATIONAL AGE INFANT</p> <p>Most recent pregnancy, or history of giving birth to an infant with a birth weight of 9 pounds or more.</p> <p>Document: Birth weight(s) and date(s) of deliveries in the participant's health record.</p>	VI
339	<p>BIRTH WITH NUTRITION RELATED CONGENITAL OR BIRTH DEFECT(S)</p> <p>A woman who gives birth to an infant who has a congenital or birth defect linked to inappropriate nutritional intake, e.g., inadequate zinc, folic acid (neural tube defect) , excess vitamin A (cleft palate or lip). Applies to most recent pregnancy only.</p> <p>Document: Infant(s) congenital and/or birth defect(s) in the participant's health record.</p>	VI
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>The presence of nutrient deficiency diseases diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>		VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
342	<p>GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn's disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	VI
343	<p>DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in pregnant and postpartum women, during fetal development, and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hyperthyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hypothyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. • Postpartum Thyroiditis: Transient or permanent thyroid dysfunction occurring in the first year after delivery based on an autoimmune inflammation of the thyroid. Frequently, the resolution is spontaneous. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	VI
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	VI
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	VI
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of central nervous system disorder(s) diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed genetic/congenital disorder</p>	VI
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
352	<p>INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by applicant/participant/ caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above</p>	VI
353	<p>FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition.</p> <p>High Risk: Diagnosed food allergy</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition.</p> <p>High Risk: Diagnosed Celiac Disease</p>	VI
355	<p>LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	VI
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	VI
358	<p>EATING DISORDERS</p> <p>Eating disorders (anorexia nervosa and bulimia), are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:</p> <ul style="list-style-type: none"> • Self-induced vomiting • Purgative abuse • Alternating periods of starvation • Use of drugs such as appetite suppressants, thyroid preparations or diuretics • Self-induced marked weight loss <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Symptoms or diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed eating disorder</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN	
CODE	PRIORITY
<p>359 RECENT MAJOR SURGERY, TRAUMA OR BURNS</p> <p>Major surgery (including C-sections), trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health care provider working under the standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	VI
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
361	<p>DEPRESSION</p> <p>Presence of clinical depression, including postpartum depression, diagnosed, documented, or reported by a physician, clinical psychologist or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of physician, clinical psychologist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	VI
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH THE ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	VI
363	<p>PRE-DIABETES</p> <p>Presence of pre-diabetes diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or a health professional acting under standing orders of a physician</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed pre-diabetes</p>	VI
371	<p>MATERNAL SMOKING</p> <p>Any smoking of cigarettes, pipes or cigars.</p> <p>Document: Number of cigarettes or cigars smoked, or number of times pipe smoked, on WIC Assessment/Certification Form.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
372	<p>ALCOHOL AND ILLEGAL DRUG USE</p> <p>Alcohol use:</p> <ul style="list-style-type: none"> • Routine current use of ≥ 2 drinks per day OR • Binge drinking is defined as ≥ 5 drinks on the same occasion on at least one day in the past 30 days, OR • Heavy drinking is defined as ≥ 5 drinks on the same occasion on five or more days in the past 30 days <p>A serving of standard sized drink (1 ½ ounce of alcohol) is:</p> <ul style="list-style-type: none"> - 1 can of beer (12 fluid oz) - 5 oz wine - 1 ½ fluid oz liquor <p>Document: Alcohol Use; identify type (Routine - Enter oz./wk: ____, Binge drinker, Heavy drinker) on WIC Assessment/Certification Form. See Appendix D for documentation codes.</p> <hr/> <p>Any Illegal drug use:</p> <p>Document: Type of drug(s) being used.</p>	VI
381	<p>ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> • Dental Caries • Periodontal Disease – Gingivitis or periodontitis • Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		PRIORITY
CODE		
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	VI
401	<p>FAILURE TO MEET DIETARY GUIDELINES</p> <p>A woman who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be <u>presumed</u> to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a woman does not qualify for risk 400 or for any other risk factor.)</p>	VI
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) document from another state or local agency. The VOC is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion should be used primarily when the VOC card/document does not reflect another more specific nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving agency.</p>	III, VI
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	VI

POSTPARTUM NON-BREASTFEEDING WOMEN		
CODE		PRIORITY
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Populations Section of the Georgia WIC Program Procedures Manual.</p>	VI
901	<p>RECIPIENT OF ABUSE</p> <p>Battering within past 6 months as self-reported, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Battering refers to violent assaults on women.</p>	VI
902	<p>POSTPARTUM, NON-BREASTFEEDING WOMAN WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Woman who is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The women's specific limited abilities in the participant's health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	VI

DATA AND DOCUMENTATION REQUIRED FOR
WIC ASSESSMENT/CERTIFICATION

INFANTS

Data	Documentation		
	Infant Certified in Hospital Prior to Initial Discharge	Infant 0-6 Months	Infant 6-12 Months
Length	Birth Data or other measurement	Required	Required
Weight	Birth Data or other measurement	Required	Required
Hematocrit or Hemoglobin	N/A	Optional	Required (9-12 months)
Weight for Age Plotted	Optional	Required	Required
Length for Age Plotted	Optional	Required	Required
Weight for Length Plotted	Optional	Required	Required
Evaluation of Inappropriate Nutrition Practices	Optional	Required	Required
Risk Factor Assessment	Required	Required	Required

NUTRITION RISK CRITERIA
INFANTS

INFANTS		
CODE		PRIORITY
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>Hemoglobin: 10.9 gm or lower (6-11 month old) Hematocrit: 32.8% or lower (6-11 month old)</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix A-2)</p>	I
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT</p> <p>Less than or equal to the 5th percentile weight-for-length as plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2nd percentile weight-for-length when manually plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3rd percentile weight-for-length when electronically plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months funderweight~definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
115	<p>High Weight-for Length</p> <p>Greater than or equal to the 98th percentile weight-for-length when manually plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p>Greater than or equal to the 97.7th percentile weight-for-length when plotted electronically on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</i></p>	I

INFANTS	
CODE	PRIORITY
<p>121 SHORT STATURE OR AT RISK OF SHORT STATURE</p> <p>Less than or equal to the 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* (if < 38 weeks gestation use adjusted age)</p> <p>High Risk: Less than or equal to the 2nd percentile length-for-age when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3rd percentile length-for-age when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standard. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	<p>I</p>
<p>134 FAILURE TO THRIVE</p> <p>Presence of failure to thrive diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed failure to thrive</p>	<p>I</p>

INFANTS		PRIORITY		
CODE				
135	<p>INADEQUATE GROWTH</p> <p>An inadequate rate of weight gain as defined below:</p> <p>Infants being certified during period from birth to 1 month of age:</p> <ul style="list-style-type: none"> ▪ Not back to birth weight by 2 weeks of age ▪ A gain of less than 19 ounces by 1 month of age <p>Infants being certified during period from 1 to 5½ months of age:</p> <ul style="list-style-type: none"> ▪ This method (explained in Appendix B-3) is optional, if an infant 1 to 5½ months of age qualifies for WIC based on any other risk criterion. If there is no other reason to qualify the infant, use this method to determine eligibility. <p>Infants 6 months to 12 months of age:</p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; vertical-align: top;"> <p>Age in Months at Certification</p> <ul style="list-style-type: none"> ▪ 5 ½ mos - 6 mos ▪ >6 mos - 9 mos ▪ >9 mos - 12 mos </td> <td style="text-align: center; vertical-align: top;"> <p>Weight Gain per 6-month interval*</p> <ul style="list-style-type: none"> ▪ ≤ 7 lbs ▪ ≤ 5 lbs ▪ ≤ 3 lbs </td> </tr> </table> <p>*Note: Use this chart only for infants who are ≥ 5 months 2 weeks of age. Use only for an interval of 6 months +/- 2 weeks.</p> <p>High Risk: Inadequate growth</p>	<p>Age in Months at Certification</p> <ul style="list-style-type: none"> ▪ 5 ½ mos - 6 mos ▪ >6 mos - 9 mos ▪ >9 mos - 12 mos 	<p>Weight Gain per 6-month interval*</p> <ul style="list-style-type: none"> ▪ ≤ 7 lbs ▪ ≤ 5 lbs ▪ ≤ 3 lbs 	I
<p>Age in Months at Certification</p> <ul style="list-style-type: none"> ▪ 5 ½ mos - 6 mos ▪ >6 mos - 9 mos ▪ >9 mos - 12 mos 	<p>Weight Gain per 6-month interval*</p> <ul style="list-style-type: none"> ▪ ≤ 7 lbs ▪ ≤ 5 lbs ▪ ≤ 3 lbs 			
141	<p>LOW BIRTH WEIGHT</p> <p>Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p> <p>Document: Birth weight in participant's health record</p> <p>High Risk: Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p>	I		

INFANTS		PRIORITY
CODE		
142	<p>PREMATURITY</p> <p>Infant born at ≤ 37 weeks gestation</p> <p>Document: Weeks gestation in participant's health record</p>	I
151	<p>Small for Gestational Age</p> <p>Infants diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p>	I
152	<p>Low Head Circumference</p> <p>Less than 2nd percentile head circumference-for-age when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts* (if < 38 weeks gestation use adjusted age)</p> <p>Less than 2.3rd percentile head circumference-for-age when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts* (if < 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	I
153	<p>LARGE FOR GESTATIONAL AGE</p> <p>Birth weight ≥ 9 lbs or presence of large for gestational age diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or health care professional working under standing orders of a physician.</p> <p>Document: Weight(s) of infant in participant's health record.</p>	I

INFANTS		
CODE		PRIORITY
211	<p>ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	I
<p>NUTRITION RELATED MEDICAL CONDITIONS</p> <p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micro nutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>		I

INFANTS	
CODE	PRIORITY
<p>342 GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>I</p>
<p>343 DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	<p>I</p>

INFANTS		
CODE		PRIORITY
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Congenital Hyperthyroidism: Excessive thyroid hormone levels at birth, either transient (due to maternal Grave’s disease) or persistent (due to genetic mutation). • Congenital Hypothyroidism: Infants born with an under active thyroid gland and presumed to have had hypothyroidism in-utero. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	I
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed hypertension</p>	I
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed renal disease</p>	I

INFANTS		
CODE		PRIORITY
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	I
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	I

INFANTS	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down’s syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed genetic and congenital disorder</p>	<p>I</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or</p> <p>health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>I</p>

INFANTS	
CODE	PRIORITY
<p>352 INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, appropriate dates of each occurrence, and name of physician treating condition in the participant's health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write "See Medical Record" for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above.</p>	<p>I</p>
<p>353 FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed food allergy</p>	<p>I</p>

INFANTS	
CODE	PRIORITY
<p>354 CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	<p>I</p>
<p>355 LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	<p>I</p>

INFANTS		
CODE		PRIORITY
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	I
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug or medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	I
359	<p>RECENT MAJOR SURGERY, TRAUMA, BURNS</p> <p>Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported, by caregiver. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affect nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	I

INFANTS	
CODE	PRIORITY
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status.</p>	<p>I</p>
<p>362 DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Specific condition/ description of delays and how these interfere with the ability to eat and the name of the physician that is treating this condition.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	<p>I</p>

INFANTS		
CODE		PRIORITY
381	<p>ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> • Dental Caries • Periodontal Disease – Gingivitis or periodontitis • Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	I
382	<p>FETAL ALCOHOL SYNDROME</p> <p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation.</p> <p>Presence of FAS diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of physician treating the condition in the participant's health record.</p> <p>High Risk: Diagnosed fetal alcohol syndrome</p>	I
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	IV

INFANTS		
CODE		PRIORITY
428	<p>Dietary Risk Associated with Complementary Feeding Practices (Infants 4 to 12 months)</p> <p>An infant \geq 4 months of age who has begun to or is expected to begin to do any of the following practices is considered to be <u>at risk</u> of inappropriate complementary feeding:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, or 2) eat independently, or 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>(This risk factor may be assigned <u>only</u> when an infant \geq 4 months of age does not qualify for risk 400 or for any other risk factor.)</p>	IV
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants.</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	I, II, IV

INFANTS		
CODE		PRIORITY
603	<p>BREASTFEEDING COMPLICATIONS OR POTENTIAL COMPLICATIONS</p> <p>Any of the following are considered complications or potential complications of breastfeeding:</p> <ul style="list-style-type: none"> • Breastfed infant with jaundice • Breastfed infant with weak or ineffective suck • Breastfed infant with difficulty latching onto mother's breast • Breastfed infant with inadequate stooling for age (as determined by a physician or other health care provider) • Breastfed infant who wets diaper less than 6 times per day <p>Document: Complications or potential complications in the participant's health record.</p> <p>High Risk: Refer to or provide the infant's mother with appropriate breastfeeding counseling.</p>	I
701	<p>INFANT UP TO 6 MONTHS OLD OF WIC MOTHER, OR OF A WOMAN WHO WOULD HAVE BEEN ELIGIBLE DURING PREGNANCY</p> <ul style="list-style-type: none"> • An infant under 6 months of age whose mother was a WIC Program participant during pregnancy, OR • An infant whose mother's medical records document that the woman was at nutritional risk during pregnancy because of detrimental or abnormal nutrition conditions detectable by biochemical or anthropometric measurements or other documented nutritionally related medical conditions. 	II
702	<p>BREASTFEEDING INFANT OF A WOMAN AT NUTRITIONAL RISK</p> <p>A breastfed infant whose breastfeeding mother has been determined to be at nutritional risk.</p> <p>Document: Mother's risks on infant's WIC Assessment/Certification Form</p>	I, II, IV

INFANTS		
CODE		PRIORITY
703	<p>INFANT BORN TO MOTHER WITH MENTAL RETARDATION, OR ALCOHOL OR DRUG ABUSE DURING MOST RECENT PREGNANCY</p> <ul style="list-style-type: none"> • Infant born of a woman diagnosed with mental retardation by a physician or psychologist as self-reported by caregiver; or as reported by a physician, psychologist, or someone working under physician's orders; OR • Documentation or self-report of any use of alcohol or illegal drugs during most recent pregnancy. 	I
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	IV
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	IV
901	<p>RECIPIENT OF ABUSE</p> <p>Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Child abuse/neglect refers to any recent act, or failure to act, resulting in:</p> <ul style="list-style-type: none"> • Imminent risk or serious harm • Serious physical or emotional harm • Sexual abuse or exploitation of an infant or child by a parent or caretaker. <p>Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.</p>	IV

INFANTS		
CODE		PRIORITY
902	<p>PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Infant whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The caregivers limited abilities in the participant's health record.</p>	IV
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	IV
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	I

DATA AND DOCUMENTATION REQUIRED FOR
WIC ASSESSMENT/CERTIFICATION

CHILDREN

Data	Certification	Half-Certification
Length or Height	Required	Required
Weight	Required	Required
Hemoglobin or Hematocrit	Required	***
Weight/Age Plotted	Required	Required
Length or Height/Age Plotted	Required	Required
Weight/Length or BMI for Age Plotted	Required	Required
Evaluation of Inappropriate Nutrition Practices	Required	Required
Risk Factor Assessment	Required	Required

***Required when hemoglobin was low at most recent certification and for children less than 2 years old

NUTRITION RISK CRITERIA
CHILDREN

CHILDREN		PRIORITY
CODE		
201	<p>LOW HEMOGLOBIN/HEMATOCRIT</p> <p>12-23 months of age: Hemoglobin: 10.9 gm or lower Hematocrit: 32.8% or lower</p> <p>24 months-5 years of age: Hemoglobin: 11.0 gm or lower Hematocrit: 32.9% or lower</p> <p>High Risk: Hemoglobin OR Hematocrit at treatment level (Appendix A-2)</p>	III
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT (Children 12-24 Months of Age)</p> <p>Less than or equal to the 5th percentile weight-for-length as plotted on the CDC 12 to 24 months gender specific growth charts.*</p> <p>High Risk: Less than or equal to the 2nd percentile weight-for-length when manually plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3rd percentile weight-for-length when electronically plotted on the CDC Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. For the Birth to < 24 months funderweight~definition, CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	III
103	<p>UNDERWEIGHT or AT RISK OF UNDERWEIGHT (Children 2-5 Years of Age)</p> <p>Less than or equal to the 10th percentile Body Mass Index (BMI) for age based on Centers for Disease Control and Prevention (CDC) age/sex specific growth charts.</p> <p>High Risk: Less than or equal to the 5th percentile Body Mass Index (BMI)-for-age as plotted on the 2000 CDC age/gender specific growth charts.</p>	

CHILDREN		
CODE		PRIORITY
113	<p>OBESE (Children 2-5 Years of Age)</p> <p>Greater than or equal to 95th percentile Body Mass Index (BMI) or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts</p> <p>High Risk: Greater than or equal to 95th percentile BMI or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts</p>	III
114	<p>OVERWEIGHT (Children 2-5 Years of Age)</p> <p>Greater than or equal to 85th and less than 95th percentile Body Mass Index (BMI)-for-age or weight-for-stature as plotted on the 2000 Centers for Disease Control and Prevention (CDC) 2-20 years gender specific growth charts.*</p> <p>* The cut off is based on standing height measurements. Therefore, recumbent length measurements may not be used to determine this risk.</p>	III
115	<p>High Weight-for-Length (Children 12-24 Months of Age)</p> <p>Greater than or equal to the 98th percentile weight-for-length when manually plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p>Greater than or equal to the 97.7 percentile weight-for-length when electronically plotted on the Centers for Disease Control and Prevention (CDC), Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on the 2006 World Health Organization (WHO) international growth standards. CDC labels the 97.7th percentile as the 98th percentile on the Birth to 24 months gender specific growth charts.</i></p>	III

CHILDREN		PRIORITY
CODE		
121	<p>SHORT STATURE OR AT RISK OF SHORT STATURE (Children 12-24 Months of Age)</p> <p>Less than or equal to the 5th percentile length-for-age as plotted on the CDC Birth to 24 months gender specific growth charts.* (if < 38 weeks gestation use adjusted age)</p> <p>High Risk: Less than or equal to the 2nd percentile length-for-age when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p>Less than or equal to the 2.3rd percentile length-for-age when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts.*</p> <p><i>*Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p> <hr/> <p>SHORT STATURE OR AT RISK OF SHORT STATURE (Children 2-5 Years of Age)</p> <p>Less than or equal to the 10th percentile length or height for age based on CDC age/sex specific growth charts.</p> <p>High Risk: Less than or equal to the 5th percentile stature-for-age as plotted on the 2000 CDC age/gender specific growth charts</p>	III
134	<p>FAILURE TO THRIVE</p> <p>Presence of failure to thrive diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed failure to thrive</p>	III

CHILDREN						
CODE		PRIORITY				
135	<p>INADEQUATE GROWTH</p> <p>A low rate of weight gain over a six-month period as defined by the following chart:</p> <table border="0"> <tr> <td style="text-align: center;">Age in Months at Certification</td> <td style="text-align: center;">Weight Gain in previous 6-month interval*</td> </tr> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound </td> </tr> </table> <p>*Note: Use only for an interval of 6 months +/- 2 weeks.</p> <p>High Risk: Inadequate growth</p>	Age in Months at Certification	Weight Gain in previous 6-month interval*	<ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months 	<ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound 	III
Age in Months at Certification	Weight Gain in previous 6-month interval*					
<ul style="list-style-type: none"> ▪ 12 months ▪ >12 - 60 months 	<ul style="list-style-type: none"> ▪ ≤ 3 pounds ▪ ≤ 1 pound 					
141	<p>LOW BIRTH WEIGHT (children < 24 months of age)</p> <p>Birth weight ≤ 5 lbs 8 oz (≤ 2500 g)</p> <p>Document: Birth weight of participant in health record.</p>	III				
142	<p>PREMATURITY (Children < 24 months of age)</p> <p>Born at 37 weeks gestation or less</p> <p>Document: Weeks gestation in participant's health record.</p>	III				
151	<p>Small for Gestational Age (Children 12-24 Months of Age)</p> <p>Children less than 24 months of age diagnosed as small for gestational age.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p>	III				

CHILDREN	
CODE	PRIORITY
<p>152 Low Head Circumference (Children 12-24 Months of Age)</p> <p>Less than 2nd percentile head circumference-for-age as when manually plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if < 38 weeks gestation use adjusted age)</p> <p>Less than 2.3rd percentile head circumference-for-age as when electronically plotted on the Centers for Disease Control and Prevention (CDC) Birth to 24 months gender specific growth charts (if < 38 weeks gestation use adjusted age)</p> <p><i>* Based on 2006 World Health Organization international growth standards. CDC labels the 2.3rd percentile as the 2nd percentile on the Birth to 24 months gender specific growth charts.</i></p>	<p>III</p>
<p>211 ELEVATED BLOOD LEAD LEVELS</p> <p>Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p> <p>Document: Date of blood test and blood lead level in participant's health record. Must be within the past 12 months.</p> <p>High Risk: Blood lead level of ≥ 10 $\mu\text{g}/\text{deciliter}$ within the past 12 months.</p>	<p>III</p>
<p>NUTRITION RELATED MEDICAL CONDITIONS</p>	
<p>341 NUTRIENT DEFICIENCY DISEASES</p> <p>Diagnosis of clinical signs of nutritional deficiencies or a disease caused by insufficient dietary intake of macro or micronutrients. Diseases include, but not limited to: protein energy malnutrition, hypocalcemia, cheilosis, scurvy, osteomalacia, menkes disease, rickets, Vitamin K deficiency, xerthalmia, beriberi, and pellagra. (See Appendix C)</p> <p>Presence of nutrient deficiency diseases diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition participant's health record.</p> <p>High Risk: Diagnosed nutrient deficiency disease</p>	<p>III</p>

CHILDREN	
CODE	PRIORITY
<p>342 GASTRO-INTESTINAL DISORDERS</p> <p>Diseases or conditions that interfere with the intake, digestion, and or absorption of nutrients. The diseases and/or conditions include, but are not limited to:</p> <ul style="list-style-type: none"> • Gastroesophageal reflux disease (GERD) • Peptic ulcer • Post-bariatric surgery • Short bowel syndrome • Inflammatory bowel disease, including ulcerative colitis or Crohn’s disease • Liver disease • Pancreatitis • Biliary tract disease <p>The presence of gastro-intestinal disorders as diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician’s orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed gastro-intestinal disorder</p>	<p>III</p>
<p>343 DIABETES MELLITUS</p> <p>Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both.</p> <p>Presence of diabetes mellitus diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed diabetes mellitus</p>	<p>III</p>

CHILDREN		
CODE		PRIORITY
344	<p>THYROID DISORDERS</p> <p>Thyroid dysfunctions that occur in fetal development and in childhood are caused by the abnormal secretion of thyroid hormones. The medical conditions include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • Hypothyroidism: Excessive thyroid hormone production (most commonly known as Graves' disease and toxic multinodular goiter). • Hyperthyroidism: Low secretion levels of thyroid hormone (can be overt or mild/subclinical). Most commonly seen as chronic autoimmune thyroiditis (Hashimoto's thyroiditis or autoimmune thyroid disease). It can also be caused by severe iodine deficiency. <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed thyroid disorder</p>	III
345	<p>HYPERTENSION</p> <p>Presence of hypertension or prehypertension diagnosed by a physician as self reported by applicant/participant/caregiver; or as reported or documented by a physician, or someone working under physician's orders.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypertension</p>	III
346	<p>RENAL DISEASE</p> <p>Any renal disease including pyelonephritis and persistent proteinuria, but EXCLUDING urinary tract infections (UTI) involving the bladder. Presence of renal disease diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition participant's health record.</p> <p>High Risk: Diagnosed renal disease</p>	III

CHILDREN		
CODE		PRIORITY
347	<p>CANCER</p> <p>A chronic disease whereby populations of cells have acquired the ability to multiply and spread without the usual biologic restraints. The current condition, or the treatment for the condition, must be severe enough to affect nutritional status.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Description of how the condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed cancer</p>	III
348	<p>CENTRAL NERVOUS SYSTEM DISORDERS</p> <p>Conditions which affect energy requirements and may affect the individual's ability to feed self, that alter nutritional status metabolically, mechanically, or both. Includes, but is not limited to: epilepsy, cerebral palsy (CP), and neural tube defects (NTD) such as spina bifida and myelomeningocele.</p> <p>Presence of a central nervous system disorder(s) diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed central nervous system disorder</p>	III

CHILDREN	
CODE	PRIORITY
<p>349 GENETIC AND CONGENITAL DISORDERS</p> <p>Hereditary or congenital condition at birth that causes physical or metabolic abnormality, or both. May include, but not limited to: cleft lip, cleft palate, thalassemia, sickle cell anemia, down's syndrome.</p> <p>Presence of genetic and congenital disorders diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed genetic and congenital disorder</p>	<p>III</p>
<p>351 INBORN ERRORS OF METABOLISM</p> <p>Gene mutations or gene deletions that alter metabolism in the body, including, but not limited to: phenylketonuria (PKU), maple syrup urine disease, galactosemia, hyperlipoproteinuria, homocystinuria, tyrosinemia, histidinemia, urea cycle disorder, glutaric aciduria, methylmalonic acidemia, glycogen storage disease, galactokinase deficiency, fructoaldase deficiency, propionic acidemia, hypermethioninemia.</p> <p>Presence of inborn errors of metabolism diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed inborn error of metabolism</p>	<p>III</p>

CHILDREN		
CODE		PRIORITY
352	<p>INFECTIOUS DISEASES</p> <p>A disease caused by growth of pathogenic microorganisms in the body severe enough to affect nutritional status. Includes, but is not limited to: tuberculosis, pneumonia, meningitis, parasitic infection, hepatitis, bronchiolitis (3 episodes in last 6 months), HIV/AIDS.</p> <p>The infectious disease MUST be present within the past 6 months and diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis, and approximate dates of each occurrence, and name of the physician that is treating this condition in the participant’s health record. When using HIV/AIDS positive status as a Nutritionally Related Medical Condition, write “See Medical Record” for documentation purpose.</p> <p>High Risk: Diagnosed infectious disease, as described above.</p>	III
353	<p>FOOD ALLERGIES</p> <p>An adverse immune response to a food or a hypersensitivity that causes adverse immunologic reaction.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician’s orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant’s health record.</p> <p>High Risk: Diagnosed food allergy</p>	III

CHILDREN		
CODE		PRIORITY
354	<p>CELIAC DISEASE</p> <p>Also known as Celiac Sprue, Gluten Enteropathy, or Non-tropical Sprue.</p> <p>Inflammatory condition of the small intestine precipitated by the ingestion of wheat in individuals with certain genetic make-up.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed Celiac Disease</p>	III
355	<p>LACTOSE INTOLERANCE</p> <p>Lactose intolerance occurs when there is an insufficient production of the enzyme lactase. Lactase is needed to digest lactose. Lactose in dairy products that is not digested or absorbed is fermented in the small intestine producing any or all of the following GI disturbances: nausea, diarrhea, abdominal bloating, cramps. Lactose intolerance varies among and within individuals and ranges from mild to severe.</p> <p>Presence of condition diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Diagnosis and the name of the physician that is treating this condition in the participant's health record; OR list of symptoms described by the applicant/participant/caregiver (i.e., nausea, cramps, abdominal bloating, and/or diarrhea).</p>	III

CHILDREN		
CODE		PRIORITY
356	<p>HYPOGLYCEMIA</p> <p>Presence of hypoglycemia diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed hypoglycemia</p>	III
357	<p>DRUG/NUTRIENT INTERACTIONS</p> <p>Use of prescription or over the counter drugs or medications that have been shown to interfere with nutrient intake or utilization, to an extent that nutritional status is compromised.</p> <p>Document: Drug/medication being used and respective nutrient interaction in the participant's health record.</p> <p>High Risk: Use of drug and medication shown to interfere with nutrient intake or utilization, to extent that nutritional status is compromised.</p>	III
359	<p>RECENT MAJOR SURGERY, TRAUMA, BURNS</p> <p>Major surgery, trauma or burns severe enough to compromise nutritional status. Any occurrence within the past 2 months may be self reported by caregiver. Any occurrence more than 2 months previous MUST have the continued need for nutritional support diagnosed by a physician or health professional acting under standing orders of a physician.</p> <p>Document: If occurred within the past 2 months, document surgery, trauma and/or burns in the participant's health record. If occurred more than 2 months ago, document description of how the surgery, trauma and/or burns currently affects nutritional status and include date.</p> <p>High Risk: Major surgery, trauma or burns that has a continued need for nutritional support.</p>	III

CHILDREN	
CODE	PRIORITY
<p>360 OTHER MEDICAL CONDITIONS</p> <p>Diseases or conditions with nutritional implications that are not included in any of the other medical conditions. The current condition, or treatment for the condition, MUST be severe enough to affect nutritional status. Including, but not limited to: juvenile rheumatoid arthritis (JRA), lupus erythematosus, cardiorespiratory diseases, heart disease, cystic fibrosis, moderate, Persistent Asthma (moderate or severe) requiring daily medication.</p> <p>Presence of medical condition(s) diagnosed, documented, or reported by a physician or someone working under a physician's orders, or as self reported by applicant/participant/caregiver.</p> <p>Document: Specific medical condition; a description of how the disease, condition or treatment affects nutritional status and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed medical condition severe enough to compromise nutritional status.</p>	<p>III</p>
<p>361 DEPRESSION</p> <p>Presence of depression diagnosed by a physician or psychologist as self reported by applicant/participant/caregiver; or as reported or documented by a physician, psychologist or health care provider working under the orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in participant's health record.</p>	<p>III</p>

CHILDREN		
CODE		PRIORITY
362	<p>DEVELOPMENTAL, SENSORY OR MOTOR DELAYS INTERFERING WITH ABILITY TO EAT</p> <p>Developmental, sensory or motor delays include but are not limited to: minimal brain function, feeding problems due to developmental delays, birth injury, head trauma, brain damage, other disabilities.</p> <p>Presence of developmental, sensory or motor delay diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Specific condition/description of the delay and how it interferes with the ability to eat, and the name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Developmental, sensory or motor delay interfering with ability to eat.</p>	III
381	<p>ORAL HEALTH</p> <p>Diagnosis of oral health conditions diagnosed, documented, or reported by a physician, dentist, or someone working under a physician's orders, or as self-reported by applicant/participant/caregiver.</p> <ul style="list-style-type: none"> • Dental Caries • Periodontal Disease – Gingivitis or periodontitis • Tooth Loss - ineffectively replaced teeth or oral infections which impair the ability to ingest food in adequate quantity or quality. <p>Document: Oral Health Condition and name of physician, dentist or someone working under a doctor's orders that is treating this condition in the participant's health record.</p>	III

CHILDREN		
CODE		PRIORITY
382	<p>FETAL ALCOHOL SYNDROME</p> <p>Fetal Alcohol Syndrome (FAS) is based on the presence of retarded growth, a pattern of facial abnormalities and abnormalities of the central nervous system, including mental retardation. Presence of FAS diagnosed by a physician as self reported by caregiver; or as reported or documented by a physician, or health professional acting under standing orders of a physician.</p> <p>Document: Diagnosis and name of the physician that is treating this condition in the participant's health record.</p> <p>High Risk: Diagnosed fetal alcohol syndrome</p>	III
400	<p>INAPPROPRIATE NUTRITION PRACTICES</p> <p>Routine nutrition practices that may result in impaired nutrient status, disease, or health problems. (Appendix E)</p> <p>Document: Inappropriate Nutrition Practice(s) in the participant's health record.</p>	V
401	<p>FAILURE TO MEET DIETARY GUIDELINES FOR AMERICANS (Children 2-5 Years of Age)</p> <p>A child who meets eligibility requirements based on category, income, and residency but who does not have any other identified nutritional risk factor may be <u>presumed</u> to be at nutritional risk based on failure to meet the <i>Dietary Guidelines for Americans</i>.</p> <p>(This risk factor may be assigned <u>only</u> when a child does not qualify for risk 400 or for any other risk factor.)</p>	V

CHILDREN		PRIORITY
CODE		
428	<p>DIETARY RISK ASSOCIATED WITH COMPLEMENTARY FEEDING PRACTICES (Children 12-24 Months of Age)</p> <p>A child who has begun to or is expected to begin to do any of the following practices is considered to be <u>at risk</u> of inappropriate complementary feeding:</p> <ol style="list-style-type: none"> 1) consume complementary foods and beverages, or 2) eat independently, or 3) be weaned from breast milk or infant formula, or 4) transition from a diet based on infant/toddler foods to one based on the <i>Dietary Guidelines for Americans</i>. <p>(This risk factor may be assigned <u>only</u> when a child does not qualify for risk 400 or for any other risk factor.)</p>	V
502	<p>TRANSFER OF CERTIFICATION</p> <p>Person with a current valid Verification of Certification (VOC) card from another state or local agency. The VOC card is valid until the certification period expires, and shall be accepted as proof of eligibility for program benefits. If the receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all other waiting applicants</p> <p>This criterion would be used primarily when the VOC card/document does not reflect another (more specific) nutrition risk condition at the time of transfer or if the participant was initially certified based on a nutrition risk condition not in use by the receiving State agency.</p>	III, V
801	<p>HOMELESSNESS</p> <p>Homelessness as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	V
802	<p>MIGRANCY</p> <p>Migrancy as defined in the Special Population Section of the Georgia WIC Procedures Manual.</p>	V

CHILDREN		
CODE		PRIORITY
901	<p>RECIPIENT OF ABUSE</p> <p>Child abuse/neglect within past 6 months as self-reported by the caregiver, or as documented by a social worker, health care provider or on other appropriate documents, or as reported through consultation with a social worker, health care provider or other appropriate personnel.</p> <p>Child abuse/neglect refers to any recent act, or failure to act, resulting in:</p> <ul style="list-style-type: none"> • Imminent risk or serious harm • Serious physical or emotional harm • Sexual abuse or exploitation of an infant or child by a parent or caretaker. <p>Georgia State law requires that medical and child service organization personnel, having reasonable cause to suspect child abuse, report these suspicions to the authority designated by the health district/organization.</p>	V
902	<p>PRIMARY CAREGIVER WITH LIMITED ABILITY TO MAKE FEEDING DECISIONS AND/OR PREPARE FOOD</p> <p>Child whose primary caregiver is assessed to have limited ability to make appropriate feeding decisions and/or prepare food. Examples may include:</p> <ul style="list-style-type: none"> • mental disability / delay and/or mental illness such as clinical depression (diagnosed by a physician or licensed psychologist) • physical disability which restricts or limits food preparation abilities • current use of or history of abusing alcohol or other drugs <p>Document: The caregiver's limited abilities in the participant's health record.</p>	V

CHILDREN		
CODE		PRIORITY
903	<p>Foster Care</p> <p>Entering the foster care system during the previous six months or moving from one foster care home to another foster care home during the previous six months.</p>	V
904	<p>ENVIRONMENTAL TOBACCO SMOKE EXPOSURE</p> <p>Environmental tobacco smoke (ETS) exposure is defined as exposure to smoke from tobacco products inside the home.</p>	III

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Appendix A-1

WOMEN'S HEALTH
RECOMMENDED GUIDELINES FOR IRON SUPPLEMENTATION
BASED ON TREATMENT VALUES

	Hemoglobin Treatment Value		Hematocrit Treatment Value	
	Non-Smokers	Smokers	Non-Smokers	Smokers
Prenatal Woman 1 st Trimester 3 rd Trimester	10.9 gm or lower	11.2 gm or lower	32.9% or lower	33.9% or lower
Prenatal Woman 2 nd Trimester	10.4 gm or lower	10.7 gm or lower	31.9% or lower	32.9% or lower
Non-Pregnant and/or Lactating Woman (<15 years of age)	11.7 gm or lower	12.0 gm or lower	35.8% or lower	36.8% or lower
Non-Pregnant and/or Lactating Woman (≥15 years of age)	11.9 gm or lower	12.2 gm or lower	35.8% or lower	36.8% or lower

PHYSICIAN REFERRAL:

- Hemoglobin less than 9.0 g/dL or hematocrit less than 27.0%
- Hemoglobin more than 15.0 g/dL or hematocrit more than 45.0% (2nd and 3rd trimester)
- If after 4 weeks the hemoglobin does not increase by 1 g/dL or hematocrit by 3%, despite compliance with iron supplementation regimen and the absence of acute illness

In 2006, the U.S. Preventive Services Task Force released a Recommendation Statement that states that the American College of Obstetricians and Gynecologists (ACOG) recommends screening and treatment based on low Hemoglobin results. ACOG does not recommend routine supplementation for pregnant women at this time.

References:

CDC/MMWR: April 3, 1998. Recommendations to Prevent and Control Iron Deficiency in the United States (current April 20, 2015)

Final Recommendation Statement: Iron Deficiency Anemia: Screening. U.S. Preventive Services Task Force. May 2006.

<http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/iron-deficiency-anemia-screening>

Appendix A-2

CHILD HEALTH RECOMMENDED GUIDELINES
FOR IRON SUPPLEMENTATION
BASED ON TREATMENT VALUES

	Hemoglobin Treatment Value	Hematocrit Treatment Value	Treatment Regimen
Infant 6 through 11 months	10.9 gm or lower	32.8% or lower	<u>Dosage:</u> 0.6 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 15 mg BID
Child 12 through 23 months	10.9 gm or lower	32.8% or lower	<u>Dosage:</u> 0.6 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 15 mg BID
Child 2 through 5 years	11.0 gm or lower	32.9% or lower	<u>Dosage:</u> 1.2 cc Ferrous Sulfate Drops BID <u>Mg Elemental Iron:</u> 30mg BID

- Premature and low birth weight infants, infants of multiple births, and infants with suspected blood losses should be screened before 6 months of age, preferably at 6-8 weeks postnatal.
- Routine screening for iron deficiency anemia is not recommended in the first 6 months of life.
- Treatment of iron deficiency anemia is 3-6 mg per kilogram per day.
- Refer to the package insert of iron preparation to correctly calculate the appropriate dosage of elemental iron. Most pediatric chewable preparations (i.e., Feostat, 100 mg) contain 33 mg elemental iron per tablet as ferrous fumarate. Non-chewable preparations for older patients (i.e., Feosol, 300 mg) contain 60-65 mg per tablet or capsule elemental iron as ferrous sulfate.
- The doses for the liquid product referred to in the chart are based on the solution concentration of 15mg/0.6ml.

Sources: Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, April 3, 1998/Vol.47/No. RR-3 (current April 20, 2015).

Georgia Department of Public Health, Nurse Protocols for Registered Professional Nurses 2014, *Standard Nurse Protocol for Prevention and Treatment of Iron Deficiency with or without Anemia*, Child Health 8.73.

Appendix B-1

Body Mass Index (BMI) Calculation and Interpretation

BMI is a number calculated from a person's weight and height. BMI is an inexpensive screening tool to identify weight problems and determine nutrition care plans for adults and children over the age of two. BMI alone should not be used to advise someone they have health problem. In WIC, a complete evaluation of diet, other nutritional problems, and current developmental stage will be used to counsel about the health risks of a BMI that is not within recommended ranges.

	Formula to Calculate BMI
Metric	Weight in kilograms divided by height in meters squared $WT(kg) / [HT(m)]^2$
American Standard	Weight in pounds/Height in inches squared and multiplying by a conversion factor of 703 $\{WT(lb) / [HT(in)]^2\} \times 703$
	Round to two decimal points

For adults who are age 20 or older, BMI is interpreted using standard weight status categories that are the same for all ages and genders.

BMI	WIC Weight Status
Below 18.5	High Risk Underweight
18.5 – 24.9	Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	High Risk Overweight (Obese)

For children over age 2 (and teens), the interpretation of BMI is both age and gender specific. This interpretation requires the use of Growth Charts. Georgia WIC utilizes the Centers for Disease Control and Prevention WIC specific Growth Charts for Children, and selects risk based on Georgia WIC Risk Criteria. These growth charts can be obtained from the Georgia WIC District Resources page.

Percentile Range	WIC Weight Status
Less than or equal to the 5 th percentile	High Risk Underweight
5 th percentile to the 10 th percentile	Underweight
10 th percentile to the 85 th percentile	Healthy Weight
85 th to less than the 95 th percentile	Overweight
Equal to or greater than the 95 th percentile	Obese

Currently, the Institute of Medicine recommends that pregnant adolescents be evaluated using the BMI categories for weight gain ranges for adult women. They acknowledge that much more research needs to be done to determine whether special categories should be established. For WIC, we also assess breastfeeding and postpartum women based on the adult categories. There are complicating psychological, developmental and growth impacts with adolescents which necessitates ongoing critical thinking and evaluation as well as tailored education for positive outcomes for both the adolescent mom and infant.

Appendix B-1 (cont'd)

References:

CDC - Healthy Weight – it's not a diet, it's a lifestyle!

http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/ March 18, 2015.

Weight Gain during Pregnancy: Reexamining the Guidelines.

<http://iom.edu/~media/Files/Report%20Files/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.pdf>

Definition of Weight Gain (Women)

Total Weight Gain Range (lbs)

Singleton Pregnancy

Prepregnancy Weight Groups	Definition (BMI)	Low Maternal Weight Gain	Recommended Weight Gain	High Maternal Weight Gain
Underweight	< 18.5	<28	28-40	> 40
Normal Weight	18.5 to 24.9	<25	25-35	> 35
Overweight	25.0 to 29.9	<15	15-25	> 25
Obese	≥ 30.0	<11	11-20	> 20

Multi-Fetal Weight Gain

Prepregnancy Weight Groups	Definition (BMI)	Low Maternal Weight Gain	Recommended Weight Gain	High Maternal Weight Gain
Underweight	< 18.5	There was insufficient information for the IOM committee to develop provisional guidelines for underweight woman with multiple fetuses.	1.5lbs/week during 2 nd and 3 rd trimesters	There was insufficient information for the IOM committee to develop provisional guidelines for underweight woman with multiple fetuses.
Normal Weight	18.5 to 24.9	<37	37-54	> 54
Overweight	25.0 to 29.9	<31	31-50	> 50
Obese	≥ 30.0	<25	25-42	> 42

As you work with counseling morbidly obese pregnant participants, please be aware that American Congress of Obstetricians and Gynecologists, has opined that careful consideration of weight gain based on a holistic assessment of the mother and baby is necessary as these are only general recommendations. This does not impact the selection of the appropriate risk factors and growth charts for evaluation. It does mean that your counseling should be informed by a total evaluation of the participant's status including an awareness of what the participant is being told by their physician.

Reference: Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. National Academy Press, Washington, D.C., 2009. <http://www.iom.edu/en/Reports/2009/Weight-Gain-During-Pregnancy-Reexamining-the-Guidelines.aspx> Reviewed March 18, 2015.

Reference: American Congress of Obstetricians and Gynecologists: Committee Opinion: Weight Gain in Pregnancy. Number 548, January 2013. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Weight-Gain-During-Pregnancy> accessed April 7, 2015.

Definition of Inadequate Growth
for Infants 1-6 Months of Age

Inadequate growth for infants between 1 and 6 months of age is based on two weight measurements taken at least 1 month (4.3 weeks) apart, using the following guidelines:

Age	Minimum Acceptable Weight Gain
1 month	19 oz
1-2 months	27 oz/month (6 ¼ oz/wk)
2-3 months	19 oz/month (4 ½ oz/wk)
3-4 months	17 oz/month (4 oz/wk)
4-5 months	15 oz/month (3 ½ oz/wk)
5-6 months	13 oz/month (3 oz/wk)

Example:

<u>Date of Measurement</u>	<u>Weight</u>
09/13/14 (birth)	7 lbs 6 oz
10/26/14 (6 weeks, 1 day old)	9 lbs 3 oz

1. Calculate infant's age:

$$\begin{array}{r}
 14 \quad 10 \quad 26 \\
 - 14 \quad 09 \quad 13 \\
 \hline
 01 \text{ mo } 13 \text{ days} = 1 \text{ month} + 1 \text{ week} + 6 \text{ days} = \text{about } 1 \text{ mo} + 2 \text{ wks}
 \end{array}$$

2. Calculate minimum acceptable weight gain:

1st month minimum acceptable weight = 19 oz
 1-2 months minimum acceptable weight/wk = 6 ¼ oz (2x 6 ¼ = 12 ½ oz)
 Total acceptable weight = 19 oz + 12 ½ oz = 31½ oz = 1 lb 15 ½ oz

3. Compare actual weight gain (1 lb 13 oz) to acceptable minimum (1 lb 15 ½ oz). This infant's weight gain is below acceptable minimum, so you can apply the criterion for inadequate growth.

Appendix C

PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

Body Area	Normal Appearance	Signs Suggestive of Nutrient Deficiency(ies)	Nutrient Consideration(s)
Hair	shiny; firm; not easily plucked	lack of natural shine; dull; thin; loss of curl; color changes (flag sign); easily plucked	inadequate protein and calories
Eyes	bright; clear; shiny; no sores at corners of eyelids; membranes healthy pink and moist; no prominent blood vessels	eye membranes pale;	anemia (inadequate iron, folacin, or vitamin B-12)
		Bitot's spots; red membranes; dryness of membranes; dull appearance of cornea (cornea xerosis); softening of cornea (keratomalacia);	inadequate Vitamin A
		redness and fissuring of eyelid corners	inadequate riboflavin, Vitamin B-6, and niacin
Lips	smooth; not chapped or swollen	redness or swelling of mouth or lips (cheilosis);	inadequate niacin and riboflavin
		bilateral cracks, white or pink lesions at corners of mouth (angular stomatitis) and/or scars	inadequate riboflavin, niacin, iron and Vitamin B-6
Gums	healthy, red; do not bleed; not swollen	spongy; bleeding; receding	inadequate ascorbic acid
Tongue	deep red; not swollen or smooth	scarlet; raw; edematous (glossitis)	inadequate niacin, riboflavin, folacin, iron, Vitamins B-6 and B-12
		purplish color (magenta);	inadequate riboflavin
		smooth; pale; slick; atrophied taste buds (papillae)	inadequate folacin, Vitamin B-12, iron and niacin
Face and Neck	skin color uniform, smooth, pink; healthy appearing; not swollen	diffuse depigmentation;	inadequate protein
		darkening of skin over cheeks and under eyes;	inadequate calories and niacin
		scaling of skin around nostrils (nasolabial seborrhea)	inadequate riboflavin, niacin, and Vitamin B-6
		swollen (moon) face;	inadequate protein
		front of neck swollen (thyroid enlargement);	inadequate protein;
		swollen cheeks (bilateral parotid enlargement)	inadequate iodine
			inadequate protein

Appendix C (cont.)

PHYSICAL SIGNS SUGGESTIVE OF NUTRIENT DEFICIENCIES

Body Area	Normal Appearance	Signs Suggestive of Nutrient Deficiency(ies)	Nutrient Consideration(s)
Skin	no signs of swelling rashes, dark or light spots	dry and scaly (xerosis); sandpaper-like feel (follicular hyperkeratosis);	Inadequate Vitamin A or Essential fatty acids
		pinhead-size purplish skin hemorrhages (petechiae);	Inadequate Vitamin C
		excessive bruising;	Inadequate Vitamin K
		red, swollen pigmentation of areas exposed to sunlight (pellagrous dermatitis);	Inadequate niacin and Tryptophan
		extensive lightness and darkness of skin (flaky, pressure sores(decubiti))	Inadequate protein, Vitamin C, and zinc
Teeth	no cavities, no pain, bright	may be some missing or erupting abnormally; gray or black spots (fluorosis); cavities (caries) [signs are to be severe enough to interfere with mastication and/or other health implications]*	Inadequate Vitamin D and Vitamin A
Head / Neck	face not swollen	thyroid enlargement (front of neck); parotid enlargement (cheeks become swollen)	Inadequate iodine; inadequate protein
Nails	firm, pink	nails are spoon-shaped (koilonychia); brittle ridged nails, pale nail beds	Inadequate iron; Vitamin A toxicity
Muscular and Skeletal Systems	good muscle tone; some fat under skin; can walk or run without pain	muscles have "wasted" appearance; baby's skull bones are thin and soft (craniotabes); round swelling of front and side of head (frontal and parietal bossing); swelling of ends of bones (epiphyseal enlargement); small bumps on both sides of chest wall (on ribs); beading of ribs; baby's soft spot on head does not harden at proper time (persistently open anterior fontanelle); knock-knees or bow-legs; bleeding into muscle (musculoskeletal hemorrhages); person cannot get up or walk properly	Inadequate protein Inadequate thiamin Inadequate Vitamin D

Appendix C (cont.)

Sources: 1. American Journal of Public Health, Supplement, November 1973, p. 19.
2. Georgia Dietetic Association Diet Manual, 1992.

This page is currently under review and is continued in 2016 by district request.

ALCOHOL AND CIGARETTES

Alcohol Equivalents:

One ounce of alcohol = 12 ounces of beer (light or regular);
 12 ounces of wine cooler;
 5 ounces of wine (light or regular);
 1 1/2 ounces of liquor.

Key for Entering Ounces of Alcohol/Week:

On the WIC Assessment/Certification Form enter the amount of alcohol in ounces per week using the above equivalent chart.

Key: 00 ounces/week = Does not drink
 01 ounces/week = Greater than 0 and up to 1 1/2 ounce/week
 02-97 ounces week = Number of drinks per week
 98 = Drinks, but the quantity is unknown
 99 = Unknown or refused to answer

Binge drinking: drinks 5 or more (≥ 5) drinks on the same occasion on at least one day in the past 30 days.

Heavy drinking: drinks 5 or more (≥ 5) drinks on the same occasion on five or more days in the previous 30 days.

Key for Entering Number of Cigarettes/Cigars/Pipes Smoked:

On the WIC Assessment/Certification Form record the average number of cigarettes/cigars/pipes smoked per day. If the client reports smoking on average less than once per day, record the average number of cigarettes/cigars/pipes smoked *per week*. If the client reports smoking on average less than once per week, record the average number of cigarettes/cigars/pipes smoked *per month*. Please note that chewing tobacco, e-cigarettes or vaping is not included in this calculation.

Key: 00 = Does not smoke/average of less than 1/day
 01-96 = Average number of cigarettes/cigars/pipes smoked per day
 97 = Greater than/equal to 97 cigarettes/cigars/pipes smoked per day
 98 = Smokes but the quantity is unknown
 99 = Unknown or refused to answer

Note: The usual number of cigarettes in a pack is equal to 20. This number may vary.

Appendix E

Inappropriate Nutrition Practices for Women

Inappropriate Nutrition Practices for Women	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Potentially Harmful Dietary Supplements</p> <p>Consuming Dietary Supplements with potentially harmful consequences.</p>	<p>Examples of Dietary supplements which when ingested in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas.
<p>Diet very low in calories or essential nutrients</p> <p>Consuming a diet very low in calories and/or essential nutrients; or impaired caloric intake or absorption of essential nutrients following bariatric surgery.</p>	<ul style="list-style-type: none"> • Strict vegan diet; • Low-carbohydrate, high-protein diet; • Macrobiotic diet; and • Any other diet restricting calories and/or essential nutrients.
<p>Routine ingestion of non-food items (pica)</p> <p>Compulsively ingesting non-food items (pica).</p>	<p>Non-food items:</p> <ul style="list-style-type: none"> • Ashes; • Baking soda; • Burnt matches; • Carpet fibers; • Chalk; • Cigarettes; • Clay; • Dust; • Large quantities of ice • Paint chips; • Soil; and • Starch (laundry and cornstarch)
<p>Inadequate supplementation of essential vitamin/minerals</p> <p>Inadequate vitamin/mineral supplementation recognized as essential by national public health policy.</p>	<ul style="list-style-type: none"> • Consumption of less than 27 mg of supplemental iron per day by pregnant woman. • Consumption of less than 150 µg of supplemental iodine per day by pregnant and breastfeeding woman. • Consumption of less than 400 mcg of folic acid from fortified foods and/or supplements daily by non-pregnant women
<p>Pregnant Women</p>	
<p>Ingestion of potentially contaminated foods</p> <p>Pregnant woman ingesting foods that could be contaminated with pathogenic microorganisms.</p>	<p>Potentially harmful foods:</p> <ul style="list-style-type: none"> • Raw fish or shellfish, including oysters, clams, mussels, and scallops; • Refrigerated smoked seafood, unless it is an ingredient in a cooked dish, such as a casserole; • Raw or undercooked meat or poultry; • Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot; • Refrigerated pâté or meat spreads; • Unpasteurized milk or foods containing unpasteurized milk; • Soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk”; • Raw or undercooked eggs or foods containing raw or lightly cooked eggs including certain salad dressings, cookie and cake batters, sauces, and beverages such as unpasteurized eggnog; • Raw sprouts (alfalfa, clover, and radish); or • Unpasteurized fruit or vegetable juices.

Inappropriate Nutrition Practices for Children

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Inappropriate beverages as primary milk source</p> <p>Routinely feeding inappropriate beverages as the primary milk source.</p>	<p>Examples of inappropriate beverages as primary milk source:</p> <ul style="list-style-type: none"> • Non-fat or reduced-fat milks (between 12 and 24 months of age only) or sweetened condensed milk; and • Imitation or substitutes milks (such as inadequately or unfortified rice- or soy-based beverages, non-dairy creamer), or other “homemade concoctions.”
<p>Routinely feeding sugar-containing fluids</p> <p>Routinely feeding a child any sugar-containing fluids.</p>	<p>Examples of sugar-containing fluids:</p> <ul style="list-style-type: none"> • Soda/soft drinks; • Gelatin water; • Corn syrup solutions; and • Sweetened tea.
<p>Improper use of nursing bottles, cups, or pacifiers</p> <p>Routinely using nursing bottle, cups, or pacifiers improperly.</p>	<ul style="list-style-type: none"> • Using a bottle to feed: <ul style="list-style-type: none"> ➢ Fruit juice, or ➢ Diluted cereal or other solid foods. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Using a bottle for feeding or drinking beyond 14 months of age. • Using a pacifier dipped in sweet agents such as sugar, honey, or syrups. • Allowing a child to carry around and drink, throughout the day, from covered or training cups.
<p>Feeding practices that disregard development</p> <p>Routinely using feeding practices that disregard the developmental needs or stages of the child.</p>	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the child’s cues for hunger and satiety (e.g., forcing a child to eat a certain type and/or amount of food or beverage or ignoring a hungry child’s request for appropriate foods). • Feeding foods of inappropriate consistency, size, or shape that put children at risk of choking. • Not supporting a child’s need for growing independence with self-feeding (e.g.; solely spoon-feeding a child who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding a child with an inappropriate texture based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).
<p>Ingestion of potentially contaminated foods</p>	<p>Examples of potentially harmful foods for a child:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juices. • Unpasteurized dairy products or soft cheese such as feta,

Inappropriate Nutrition Practices for Children	Examples of Inappropriate Nutrition Practices (Including but not limited to)
Feeding foods to a child that could be contaminated with harmful microorganisms.	<p>Brie, Camembert, blue-veined cheeses and Mexican style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk</p> <ul style="list-style-type: none"> • Raw or undercooked meat, fish, poultry, or eggs • Raw sprouts (alfalfa, clover, and radish) • Hot dogs, luncheon meat (cold cuts), fermented and fry sausage and other deli-style meat or poultry unless reheated until steaming hot;
<p>Diet very low in calories or essential nutrients</p> <p>Routinely feeding a diet very low in calories and/or essential nutrients.</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Vegan Diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients.
<p>Potentially harmful dietary supplements</p> <p>Feeding dietary supplements with potentially harmful consequences</p>	<p>Examples of dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
<p>Inadequate supplementation of essential vitamin/minerals</p> <p>Routinely not providing dietary supplements as recognized as essential by national public health policy when a child’s diet alone cannot meet nutrient requirements.</p>	<ul style="list-style-type: none"> • Providing children under 36 months of age less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Providing children 36-60 months of age less than 0.50 mg of fluoride daily when the water contains less than 0.3 ppm fluoride. • Not providing 400 IU of vitamin D if a child consumes less than 1 liter (or 1 quart) of vitamin D fortified milk or formula.
<p>Routine ingestion of non-food items (pica)</p>	<ul style="list-style-type: none"> • Ashes; • Carpet fibers; • Cigarettes or cigarette butts; • Clay; • Dust; • Foam Rubber • Paint chips; • Soil; and • Starch (laundry and cornstarch)

Inappropriate Nutrition Practices for Infants

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Routinely using a human milk or formula substitute</p> <p>Routinely using a substitute(s) for human milk or FDA approved iron-fortified formula as the primary nutrient source during the first year of life.</p>	<p>Examples of substitutes:</p> <ul style="list-style-type: none"> • Low iron formula without iron supplementation; • Cow's milk, goat milk, or sheep milk (whole, reduced-fat low-fat, skim) canned evaporated sweetened condensed milk; and imitation or substitute milks (such as rice- or soy-based beverages, non-dairy creamer), or other "homemade concoctions."
<p>Routinely using nursing bottles or cups improperly</p> <p>Routinely using nursing bottles or cups improperly</p>	<ul style="list-style-type: none"> • Using a bottle to feed fruit juice • Adding any food (cereal or other solid foods) to the infant's bottle. • Feeding any sugar-containing fluids such as, soda/soft drinks; gelatin water; corn syrup solutions; and sweetened tea. • Allowing the child to fall asleep or be put to bed with a bottle at naps or bedtime. • Allowing the child to use the bottle without restriction (e.g., walking around with a bottle) or as a pacifier. • Propping the bottle when feeding. • Allowing a child to carry around and drink, throughout the day, from covered or training cups.
<p>Early introduction of solids or use of sweetening agents</p> <p>Routinely offering complementary foods* or other substances that are inappropriate in type or timing.</p>	<ul style="list-style-type: none"> • Adding sweet agents such as sugar, honey, or syrups to any beverage (including water) or prepared food, or used on a pacifier; or • Introducing any food other than human milk or iron-fortified infant formula before 4 months of age. <p><i>*Complementary foods are any foods or beverages other than human milk or infant formula.</i></p>
<p>Feeding Practices that disregard development</p> <p>Routinely using feeding practices that disregard the developmental needs or stage of the infant.</p>	<ul style="list-style-type: none"> • Inability to recognize, insensitivity to, or disregarding the infant's cues for hunger and satiety (e.g., forcing an infant to eat a certain type and/or amount of food or beverage or ignoring a hungry infant's hunger cues). • Feeding foods of inappropriate consistency, size, or shape that put infants at risk of choking. • Not supporting an infant's need for growing independence with self-feeding (e.g.; solely spoon-feeding an infant who is able and ready to finger-feed and/or try self-feeding with appropriate utensils). • Feeding an infant with inappropriate textures based on his/her developmental stage (e.g., feeding primarily purees or liquid food when the child is read and capable of eating mashed, chopped, or appropriate finger food).

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>Ingestion of potentially contaminated foods</p> <p>Feeding foods to an infant that could be contaminated with harmful microorganisms or toxins.</p>	<p>Examples of potentially harmful foods for a infant:</p> <ul style="list-style-type: none"> • Unpasteurized fruit or vegetable juices. • Unpasteurized dairy products or soft cheese such as feta, Brie, Camembert, blue-veined cheeses and Mexican-style cheese such as queso blanco, queso fresco, or Panela unless labeled as “made with pasteurized milk; • Honey (added to liquids or solid food, used in cooking, as part of processed foods, on pacifier, etc.); • Raw or undercooked meat, fish, poultry, or eggs • Raw vegetable sprouts (alfalfa, clover, bean and radish) • Deli meats, hot dogs and processed meats (avoid unless heated until steaming hot).
<p>Routinely feeding inappropriately prepared formula</p> <p>Routinely feeding inappropriately diluted formula</p>	<ul style="list-style-type: none"> • Failure to follow manufacturer’s dilution instructions (to include stretching formula for household economic reasons). • Failure to follow specific instructions accompanying a prescription.
<p>Limiting nursing of the exclusively breastfed infant</p> <p>Routinely limiting the frequency of nursing of the exclusively breastfed infant when human milk is the sole source of nutrients.</p>	<p>Examples of inappropriate frequency of nursing:</p> <ul style="list-style-type: none"> • Scheduled feedings instead of demand feedings; • Less than 8 feedings in a 24 hours if less than 2 months of age; and • Less than 6 feedings in 24 hours if between 2 and 6 months of age.
<p>Diet very low in calories or essential nutrients</p> <p>Routinely feeding a diet very low in calories and/or essential nutrients</p>	<p>Examples:</p> <ul style="list-style-type: none"> • Vegan Diet; • Macrobiotic diet; and • Other diets very low in calories and/or essential nutrients
<p>Potentially Harmful Dietary Supplements.</p> <p>Feeding dietary supplements with potentially harmful consequences</p>	<p>Examples of Dietary supplements which when feed in excess of recommended dosages, may be toxic or have harmful consequences:</p> <ul style="list-style-type: none"> • Single or multiple vitamins • Mineral supplements; and • Herbal or botanical supplements/remedies/teas
<p>Inadequate Supplementation of Essential Vitamin/Minerals.</p> <p>Routinely not providing dietary supplements as recognized as essential by national public health policy when an Infant’s diet alone cannot meet nutrient requirements.</p>	<ul style="list-style-type: none"> • Infants who are 6 months of age or older who are ingesting less than 0.25 mg of fluoride daily when the water supply contains less than 0.3 ppm fluoride. • Infants who are exclusively breastfed, or are ingesting less than 1 liter (or 1 quart) per day of vitamin D-fortified formula, and are not taking a supplement of 400 IU of vitamin D.
<p>Improper human milk or formula sanitation</p> <p>Routinely using inappropriate sanitation</p>	<p>Examples of inappropriate sanitation:</p> <ul style="list-style-type: none"> • Limited or no access to a: <ul style="list-style-type: none"> - Safe water supply (documented by appropriate officials e.g., municipal or health department authorities);

Inappropriate Nutrition Practices for Infants	Examples of Inappropriate Nutrition Practices (Including but not limited to)
<p>in preparation, handling, and storage of expressed human milk or formula.</p>	<ul style="list-style-type: none"> - Heat source for sterilization, and/or; Refrigerator or freezer for storage. • Failure to properly prepare, handle, and store bottles, storage containers or breast pumps properly; examples include: <ul style="list-style-type: none"> - Human Milk: <ul style="list-style-type: none"> - Thawing in a microwave - Refreezing - Adding freshly expressed unrefrigerated human milk to frozen human milk - Adding refrigerated human milk to frozen human milk in an amount that is greater than the amount of frozen human milk - Feeding thawed human milk more than 24 hours after it was thawed - Saving human milk from a used bottled for another feeding - Failure to clean breast pump per manufacturer's instruction - Formula: <ul style="list-style-type: none"> - Storing at room temperature for more than 1 hour - Failure to store prepared formula per manufacturer's instructions - Using formula in a bottle one hour after the start of a feeding - Saving formula from a used bottle for another feeding - Failure to clean baby bottle properly

Appendix F

INSTRUCTIONS FOR USE OF THE
PRENATAL WEIGHT GAIN GRID

1. Record applicant/participant's name.
2. Use Body Mass Index table (Appendix B-2) to determine if the applicant is Normal Weight, Underweight, Overweight, or Obese using pregravid weight. Select for use the prenatal weight gain grid that corresponds to the prenatal woman's pregravid weight status. If she is pregnant with twins, use the "Twins" grid regardless of her weight status.
3. Enter height in inches without shoes.
4. Use Weight History chart.
5. Enter pregravid weight as indicated. Enter date and weight at each visit.
6. Plot today's weight using the following steps:
 - a. Record the pregravid weight at the initial point of the selected weight curve, which is located on the left side of the grid at zero (0) point. From the chart or gestation calculator, determine the completed weeks of gestation.
 - b. Using the gain (or loss) in weight from the pregravid weight baseline and the completed gestational weeks (this visit) place an X on the point at which these two (2) lines meet.
 - c. If the patient does not know her pregravid weight, or if the weight she gives seems disproportionate to her current weight, place an X on the dotted line for the calculated completed gestational week. Let this be a beginning point to plot future weights. Indicate that this weight is an estimate by writing "estimate" vertically on the grid next to the X. Use the "Normal" weight curve unless it is very obvious that the prenatal woman was overweight or underweight prior to gestation. Document this observation in the health record.
 - d. At the second and each subsequent visit, the weight gain for completed weeks of gestation should be plotted on the grid.

MEASURING LENGTH

Age:

Birth to 24 months

Material/Equipment:

An accurate length board for measuring infants is dedicated to length measurement. It has a firm, flat horizontal surface with a measuring tape in 1 mm (0.1 cm) or 1/8 inch increments, an immovable headpiece at a right angle to the tape, and a smoothly moveable footpiece, perpendicular to the tape.

Two (2) people required

Procedure:

1. Check to be sure that moveable foot piece slides easily and the headboard is at the zero (0) mark.
2. Remove headwear, shoes and bulky clothing. Instruct caretaker to apply gentle traction to ensure that the child's head is firmly against the headboard so that the eyes are pointing directly upward.
3. With the child positioned so that the shoulders, back and buttocks are flat along the center of the board, the measurer should hold the child's knees together, gently pushing them down against the board with one (1) hand to fully extend the child. With the other hand the measurer should slide the footboard to the child's feet until both heels touch the foot piece. Toes should be pointing directly upward.
4. Recheck head placement. Immediately remove the child's feet from contact with the footboard with one (1) hand, while holding the footboard securely in place with the other hand.
5. Measure length in inches to the nearest 1/8-inch. Repeat the measurement by sliding footboard away and starting again until two (2) readings agree within 1/4 inch.
6. Record the second reading promptly.

MEASURING WEIGHT
("INFANT" SCALE)

Age:

Infants and children to 24 months up to 40 pounds

Materials/Equipment:

Scales with beam balance and non-detachable weights or electronic, with a maximum weight of 40 lbs and weigh in ½ ounce increments.

Scales must be calibrated yearly.

Procedure:

1. Check scales at zero (0) position. With weights in zero (0) position, indicator should point at zero (0). If not, use the adjustment screws to move adjustable zeroing weight until the beam is in zero (0) balance.
2. Remove shoes and clothes. Remove diaper if wet.
3. Place infant/child in center of scale (may be done sitting or lying down).
4. Move the weight on the main beam away from the zero (0) position (left to right) until the indicator shows excess weight, then move the weight back (right to left) towards the zero (0) position until too little weight has been obtained.
5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered and stationary. (Record weight)
6. Repeat the measurements by moving the fractional beam until two (2) readings agree within ½ -ounce.
7. Record the second reading promptly.

Appendix G-3

MEASURING HEIGHT

Age:

Children two (2) years of age and older

Adults

NOTE: Once measurements are started with child standing, all subsequent measurements must be done standing.

Material/Equipment:

An accurate stadiometer for stature measurements is designed for and dedicated to stature measurement. It can be wall mounted or portable. An appropriate stadiometer requires a vertical board with an attached metric rule and a horizontal headpiece (right angle headboard) that can be brought into contact with the most superior part of the head. The stadiometer should be able to read to 0.1 cm or 1/8 in.

Procedure:

1. Remove all bulky clothing, head and footwear.
2. Position the child/adult against the measuring device, instructing the child/adult to stand straight and tall.
3. Make sure the child/adult stands flat footed with feet slightly apart and knees extended; then check for three (3) contact points: (a) shoulders, (b) buttocks, and (c) the back of the heels.
4. Lower the moveable headboard until it firmly touches the crown of the head. The child/adult should be looking straight ahead, not upward or down at the floor.
5. Read the stature to the nearest 1/8-inch.
6. Repeat the adjustment of the headboard and re-measure until two (2) readings agree within 1/4 inch.
7. Record the second reading promptly.

**MEASURING WEIGHT
(STANDING)**

Age:

Adults, and children 2 years of age or older

Materials/Equipment:

Standard electronic scale or platform beam scale with non-detachable weights that weighs in at least 1/4 pound or 100 gram increments.

Scales must be calibrated yearly

Procedure:

1. Check scales at zero (0) position. With weights in zero (0) position indicator should point at zero (0). If not, use adjustment screws to move the adjustable zeroing weight until the beam is in zero (0) balance.
2. Should be wearing minimal indoor clothing. Remove shoes, heavy clothing, belts, and heavy jewelry. Be sure pockets are empty.
3. Have child/adult stand in the center of the platform, arms hanging naturally. The child/adult must be free standing.
4. Move the weight on the main beam away from zero (0) until the indicator shows that excess weight has been added, then move the weight back towards the zero (0) position (right to left) until just barely too much weight has been removed.
5. Move the weight on the fractional beam away from the zero (0) position (left to right) until the indicator is centered.
6. Make sure the child/adult is still not holding on, then record to the nearest 1/4 lb.
7. Have the child/adult step off scale and return weight to zero (0). Repeat until two (2) readings agree within 1/4 pound.
8. Record the second reading promptly.

Sources:

Pennsylvania Department of Health, Division of Women, Infants and Children (WIC), Anthropometric Training Manual. June 2010. Accessed April 22, 2015 from http://www.nal.usda.gov/wicworks/Sharing_Center/PA/Anthro/lib/pdf/Anthropometric_Training_Manual.pdf

Appendix H

INSTRUCTIONS FOR USE OF THE GROWTH CHARTS

1. Select the appropriate chart for sex and age of the individual.
2. Record name and/or identifying number of the chart. Document birth date.
3. The child's age on the date on which measurements are taken must be determined before you start plotting the measurements. To figure out a child's age, follow this example:

	Year	Month	Day
Date of Measurement	2015	4	21
Date of Birth	- 2010	-8	-10
Child's Age	4 y	8	11

or 4 yrs 8 mos

As this example shows, you may have to borrow thirty (30) days from the month column and/or 12 months from the year column when subtracting the child's birth date from the date on which the measurements are taken.

4. Plot growth measurements by using the Interpolation Method.

Plotting Interpolation Method:

- a. Birth - 24 Month Growth Chart - Calculate exact age (to nearest week) and plot measurement into the space at the point nearest to the age.
 - b. 2 - 18 Years Growth Chart - Calculate exact age (to nearest month) and plot measurement into space at the point nearest to the age.
5. To plot the length or height for age and weight for age charts (Graph Ease Plotting Tool is best practice):
 - a. Follow a vertical line at the appropriate age.
 - b. Using a straight-edge line up as closely as possible to the measured length or height and weight and mark the point where the two (2) lines intersect.
 - c. Write the date above the point.

Appendix H (cont.)

6. To plot the length or height/weight chart **(Graph Ease Plotting Tool is best practice):**
 - a. Follow a vertical line at the point of the correct length or height.
 - b. Using a straight-edge, line up as closely as possible to the weight and mark the point where the two (2) lines intersect.
 - c. Write the date on the point.

7. To plot Body Mass Index (BMI) for age **(Graph Ease Plotting Tool is best practice):**
 - a. Follow a vertical line as near as possible to the appropriate age.
 - b. Using a straight-edge, line up as closely as possible the measured BMI and mark the point where the two (2) lines intersect.

8. To plot an infant's head circumference **(Graph Ease Plotting Tool is best practice):**
 - a. Follow a vertical line as near as possible to the appropriate age.
 - b. Using a straight-edge, line up as closely as possible the measured head circumference and mark the point where the two (2) lines intersect.

9. Calculating Gestation-Adjusted Age:
 - a. Document the infant's gestational age in weeks. (Mother/caregiver can self report, or referral information from the medical provider may be used.)
 - b. Subtract the child's gestational age in weeks from 40 weeks (gestational age of term infant) to determine the adjustment for prematurity in weeks.
 - c. Subtract the adjustment for prematurity in weeks from the child's chronological postnatal age in weeks to determine the child's gestation-adjusted age.
 - d. For WIC nutrition risk determination, adjustment for gestational age should be calculated for all premature infants for the first 2 years of life.

Example:

Randy was born prematurely on March 19, 2001. His gestational age at birth was determined to be 30 weeks based on ultrasonographic examination. At the time of the June 11, 2001 clinic visit, his chronological postnatal age is 12 weeks. What is his gestation-adjusted age?

30 = gestational age in weeks
 40 – 30 = 10 weeks adjustment for prematurity
 12 – 10 = 2 weeks gestation-adjusted age

Measurements would be plotted on a growth chart as a 2-week-old infant.

10. Plotting for Prematurity:

For all premature infants and children <24 months plot adjusted and actual age (Graph Ease Plotting Tool is best practice),.

Plot- (weight/age, Length/age, length/weight)

11. The formula for calculating BMI for age is:

$$[\text{weight (lb.)} \div \text{height (in.)} \div \text{height (in.)} \times 703]$$

This can be calculated on a hand-held calculator or by computer systems in the district. Once calculated, BMI must be rounded to one decimal point. A reference for converting fractions to decimals and guidance for rounding to one decimal point follows.

Reference for Converting Fractions to Decimals:

$$1/8 = .125$$

$$2/8 \text{ or } 1/4 = .25$$

$$3/8 = .375$$

$$4/8 \text{ or } 1/2 = .5$$

$$5/8 = .625$$

$$6/8 \text{ or } 3/4 = .75$$

$$7/8 = .875$$

Guidance for Rounding to One Decimal Point:

When calculating Body Mass Index (BMI) round the final answer to one decimal point. To do this you will round up to the next number if the second number past the decimal point is five or greater and you will round down if the second number past the decimal point is four or less.

Example:

If the final BMI calculation equals 17.158829, the BMI would be 17.2

If the final BMI calculation equals 17.14829, the BMI would be 17.1

Appendix I

USE AND INTERPRETATION OF THE GROWTH CHARTS

PLOTTING

1. Standing height and weight must be plotted on the 2-18 Years growth charts.
2. Recumbent length and weight must be plotted on the 0-24 Months growth charts.
3. When a measurement cannot be plotted, a notation to this effect must be noted in the health record or on the growth chart. This measurement may not be used as a risk criterion. See the following example:

A 32 week premature female infant comes in for certification one month after delivery. The infant's weight at certification is 6# 4 oz and the length is 18 inches. You will be unable to plot the adjusted weight/age and length/age. This means you are unable to use the length measure for the short stature risk criteria because it is based on the adjusted measure. You will be able to evaluate for weight for length.

INTERPRETATION

1. Pattern of growth can only be interpreted when two sets of measurements are plotted on the same growth grid. If one set of measurements are plotted on the 0-24 months growth charts and the next set of measurements on the 2-18 years growth charts, these measurements cannot be used to interpret the pattern of growth of the child.

KEY FOR ENTERING WEEKS BREASTFED

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

- Breastfeeding women: initial and six month certification visits
- Postpartum, non-breastfeeding women: certification visit
- Infants: initial certification and mid-certification nutrition assessments
- Children: initial certification and subsequent certification, until the answer is “No”

Length of time breastfed must be entered in weeks (two-digit). When the answer to the question “How long have you breastfed this infant?” OR “How long has this infant breastfed?” is given in days or months, use the following key to determine appropriate codes.

I. Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks

Fewer than 7 days	=	00 weeks
7 - 13 days	=	01 week
14 – 20 days	=	02 weeks
21 – 27 days	=	03 weeks
28 – 34 days	=	04 weeks
35 – 41 days	=	05 weeks
42 – 48 days	=	06 weeks

Source: Georgia WIC Branch ETAD Change Number 08-12b, 2008.

II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks	12 Months	=	52 weeks
2 months	=	08 weeks	13 Months	=	56 weeks
3 months	=	13 weeks	14 Months	=	61 weeks
4 Months	=	17 weeks	15 Months	=	65 weeks
5 Months	=	22 weeks	16 Months	=	69 weeks
6 Months	=	26 weeks	17 Months	=	74 weeks
7 Months	=	30 weeks	18 Months	=	78 weeks
8 Months	=	35 weeks	19 Months	=	82 weeks
9 Months	=	39 weeks	20 Months	=	87 weeks
10 Months	=	43 weeks	21 Months	=	91 weeks
11 Months	=	48 weeks	22 Months	=	96 weeks
			22.5 Months +	=	98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

Appendix K

Infant Formula Preparation

GA WIC recommends that caregivers follow the manufacturer's instructions when preparing infant formula. Some caregivers may be unable to read or understand those instructions and will need assistance.

One of the primary concerns related to formula preparation is over dilution of formula. Following the manufacturer's instructions accurately will assure proper dilution. Occasionally, the infant's health care provider will determine that under dilution is necessary for a specific medical need; in this case the infant's health care provider will provide exact dilution instructions.

The water used to prepare formula should be from a safe water supply. If a parent is concerned about their water supply, instructions about assuring safe water for formula preparation are provided in the general information section below. Additionally, the environment where formula is stored and prepared should be kept clean; this environmental safety also includes bottles, utensils and the formula preparer's hands.

Formula preparation safety is of special concern for the premature infant and infants with underlying medical conditions. If the infant's health care provider has recommended that additional precautions should be taken to avoid illness, GA WIC providers can support those recommendations with appropriate specific nutrition education.

GA WIC cannot provide guidance on every situation that you might encounter with infants and formula preparation. If, using your clinical judgment, you determine a caregiver should use more than the manufacturer's instructions or the infant's health care provider's instructions in preparing formula, please assure that you document thoroughly the rationale and provide appropriate written instructions for the parent to take home with them. The World Health Organization has an educational material in English that provides good information for safe formula preparation (http://www.who.int/foodsafety/publications/micro/PIF_Bottle_en.pdf)

GENERAL INFORMATION

Before starting, wash hands with soap and water. Rinse well; dry with a clean towel.

Assure that counters, bottles, nipples, caps, rings and utensils (including can openers) are thoroughly clean. Bottles should be cleaned with brushes that are made for bottles and nipples. Use hot soapy water. Rinse well, and allow to air dry. Running bottles, nipples and utensils through a properly functioning dishwasher at normal temperature (not low or economy setting) is another way to assure that they are clean. Counter tops may be dried with a clean towel.

Verify that the water supply is safe for consumption. (If there are concerns about water safety, follow guidance on creating safe water below.)

Squeeze clean water through the nipple holes to be sure they are open.

Appendix K (cont'd)

Follow the manufacturer's instructions to prepare the formula.

- Check the formula's expiration date prior to use. Do not use if the date has passed.
- Avoid using cans of infant formula that have dents, leaks, bulges or puffed ends or rust spots.
- Store cans of infant formula in a cool place, indoors. Do not store in vehicles, garages, or outdoors.

Do not prepare more formula than you will need for that feeding. If you are preparing a 24 hour supply of formula, it should be refrigerated immediately after preparation.

For infants who prefer a warmed bottle, hold the bottle under warm running tap water. Shake well and test the temperature before giving to the infant. Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in serious burns to the infant.

Do not feed an infant a bottle left out of the refrigerator for more than 2 hours.

Do not feed an infant a bottle from a feeding that began over 1 hour prior.

Do not feed an infant a bottle that has been stored in the refrigerator over 48 hours.

WATER/ENVIRONMENTAL SAFETY ISSUES

(When provided guidance by infant's health care provider, there is not a safe water supply, or when clinical judgment warrants).

Put the bottles, nipples, caps and rings and other utensils in a pot and cover with water. Heat on the stove, bring to a boil; boil for 5 minutes. Remove from heat and let cool.

OR

Put all items in a properly functioning dishwasher and run it at the normal temperature (not the low or economy temperature setting). If your water supply is deemed unsafe for consumption, this may not apply except when you have a working sanitizing feature on the dishwasher.

Boil water for 1-2 minutes before using to prepare formula. Prolonged boiling of water (greater than 5-6 minutes) is not recommended because some trace contaminants in the water such as lead, nitrates, or even trace minerals may concentrate in the boiled water as the liquid water is reduced.

Let the water cool to 158 degrees F/70 degrees C not more than 30 minutes.

Prepare formula following the manufacturer's instructions.

For more information, see the following references:

- Manufacturer's instructions on the can of infant formula.
- United States Department of Agriculture, Food and Nutrition Service. *Infant Formula Feeding*
http://www.nal.usda.gov/wicworks/Topics/FG/Chapter4_InfantFormulaFeeding.pdf
- World Health Organization. *How to prepare Formula for Bottle-Feeding at Home*.
http://www.who.int/foodsafety/publications/micro/PIF_Bottle_en.pdf

CONCENTRATED LIQUID FORMULA

SHAKE THE CONTAINER OF CONCENTRATED FORMULA PRIOR TO OPENING IT. CONCENTRATED LIQUID FORMULA IS TYPICALLY PREPARED WITH EQUAL AMOUNTS OF THE CONCENTRATED PRODUCT AND WATER; PLEASE FOLLOW THE MANUFACTURER'S INSTRUCTIONS. EXAMPLE: 4 OUNCES OF CONCENTRATED FORMULA POURED INTO THE BOTTLE, ADD 4 OUNCES OF WATER, AND MIX BY SHAKING OR STIRRING. MANY CAREGIVERS WILL PREPARE A WHOLE DAY'S SUPPLY OF THIS PRODUCT IN THE INDIVIDUAL BOTTLES; THIS PRODUCT WILL NEED TO BE STORED IN THE REFRIGERATOR UNTIL THE CAREGIVER IS READY TO USE IT. PLEASE ASSURE THAT ALL BOTTLES STORED IN THE REFRIGERATOR HAVE THE NIPPLES IN UPSIDE DOWN ON EACH BOTTLE. COVER THE NIPPLE WITH A CAP AND SCREW ON THE RING. DISCARD ANY UNUSED REFRIGERATED FORMULA AFTER 24 HOURS.

Note: Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

READY-TO-FEED FORMULA

SHAKE THE CONTAINER PRIOR TO OPENING. POUR THE AMOUNT OF READY-TO-FEED FORMULA FOR ONE FEEDING INTO THE BOTTLE. REFRIGERATE THE READY-TO-FEED FORMULA AFTER OPENING OR AFTER PREPARING THE INDIVIDUAL BOTTLES. MANY CAREGIVERS WILL PREPARE A WHOLE DAY'S SUPPLY OF THIS PRODUCT IN THE INDIVIDUAL BOTTLES. PLEASE ASSURE THAT ALL BOTTLES STORED IN THE REFRIGERATOR HAVE THE NIPPLES IN UPSIDE DOWN ON EACH BOTTLE. COVER THE NIPPLE WITH A CAP AND SCREW ON THE RING. DISCARD ANY UNUSED REFRIGERATED FORMULA AFTER 24 HOURS.

Note: Do not add water or any other liquid to this formula. Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

POWDERED FORMULA

ONCE THE CONTAINER OF POWDERED FORMULA IS OPENED IT SHOULD BE KEPT TIGHTLY COVERED IN A COOL, DRY LOCATION (NOT THE REFRIGERATOR) FOR NO MORE THAN 30 DAYS. POWDERED FORMULA IS TYPICALLY PREPARED WITH A 1 PART POWDERED FORMULA TO 2 PARTS WATER MIXTURE; PLEASE FOLLOW THE MANUFACTURER'S INSTRUCTIONS. EXAMPLE: 2 SCOOPS OF INFANT FORMULA AND 4 OUNCES OF WATER, AND MIX BY SHAKING OR STIRRING. MANY CAREGIVERS WILL PREPARE THIS FORMULA AS NEEDED; SOME SETTLING MAY OCCUR IF PREPARING MULTIPLE BOTTLES OF FORMULA. THIS PRODUCT WILL NEED TO BE STORED IN THE REFRIGERATOR UNTIL THE CAREGIVER IS READY TO USE IT. PLEASE ASSURE THAT ALL BOTTLES STORED IN THE REFRIGERATOR HAVE THE NIPPLES IN UPSIDE DOWN ON EACH BOTTLE. COVER THE NIPPLE WITH A CAP AND SCREW ON THE RING. DISCARD ANY UNUSED REFRIGERATED FORMULA AFTER 24 HOURS. CARE SHOULD BE TAKEN TO AVOID WATER GETTING INTO THE CONTAINER OF THE POWDERED FORMULA.

Note: Do not use microwave oven to prepare or to warm formula. Formula heated in the microwave may result in burns.

CONVERSION TABLES AND EQUIVALENTS

I. TABLE OF EQUIVALENTS

3 teaspoon (tsp.)	= 1 Tablespoon (Tbsp.)
2 Tbsp.	= 1 ounce (oz)
8 oz.	= 1 cup (c.)
16 Tbsp.	= 1 c.
2 c.	= 1 pint (pt.)
2 pts.	= 1 quart (qt.)
4 c.	= 1 qt.
4 qts.	= 1 gallon (gal.) = 128 oz.

II. METRIC SYSTEM

A. APPROXIMATE WEIGHTS/MEASURES

20 drops	= 1 milliliter (ml.)
1 ml.	= 1 gram (g.)
1 ml.	= 1 cubic centimeter (cc)
1 tsp.	= 5 ml. = 5 cc = 5 g.
1 Tbsp.	= 15 ml. = 15 cc = 15 g.
1 oz., fluid	= 29.57 ml. = 30 cc
1 cup, fluid	= 240 ml.
1 oz., weight	= 28.35 g. (approx 30)
1 c., weight	= 240 g.
1 pound (lb.)	= 453.6 g.
2.2 lbs.	= 1 kilogram (kg.)
33 ½ oz.	= 1 liter (L.)
1.1 qts.	= 1000 ml = 1 liter

B. WEIGHTS

1 milligram	= 1000 micrograms (mcg)
1 gram (g)	= 1000 mg.
1 kilogram	= 1000 g.

C. CONVERSIONS

- To convert ounces to grams multiply by 30.
- To convert grams to ounces divide by 30.
- To convert pounds to kilograms divide by 2.2.
- To convert kilograms to pounds multiply by 2.2.
- To convert inches to centimeters multiply by 2.54.

CT-7 Nutrition Questionnaire

Infant Nutrition Questionnaire – English (page 1)



Infant's Name: _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

Infant (Birth to under 12 months)
 Nutrition Questionnaire (English)

1. Check all your baby has had in the last month:

- diarrhea constipation vomiting nausea reflux spitting up difficulty swallowing dental problems
- special diet _____ health or medical problem _____ food allergy or problem _____ none

2. Check all that your baby takes:

- medicine _____ herbal teas / herbal products _____
- vitamins / minerals _____ home remedies _____ none

3. Check all that your baby uses to eat or drink:

- breast baby bottle sippy cup his/ her fingers regular cup spoon or fork other _____

4. Do you have a working stove, refrigerator, and sink? Yes No

5. In one day (24 hours) how many does your baby usually have? _____ wet diapers per day _____ dirty diapers per day

6. Check all that you are feeding your baby and answer the following questions:

- Breastmilk** How many times do you breastfeed or give breastmilk in one day (24 hours)? _____
 How long do you plan to breastfeed? _____
 Are you having any problems with or do you have any questions about breastfeeding? Yes No If yes, _____
 Do you ever pump your breastmilk? Yes No If yes, how many times per day? _____
- Infant Formula** Name of formula? _____
 What Type? concentrate powder ready-to-feed
 How do you make formula? Concentrate: _____ oz of formula to _____ oz of water
 Powder: _____ scoops of formula to _____ oz of water
 How many bottles does your baby drink in one day (24 hours)? _____ How many ounces are in each bottle? _____
 What type of water do you use to mix the formula? city well bottled water bottled "nursery" water
 Do you boil the water that is added to the formula? Yes No If boiled, for how long? _____ minutes
 How are the baby bottles cleaned? _____

7. Check "Yes" or "No" to each question below:

- Does your baby fall asleep with a bottle? Yes No
- Does your baby drink from a bottle that is being propped up? Yes No
- Do you put cereal, other foods, or juice in your baby's bottle? Yes No
- Is your baby fed breastmilk or formula that has been in the refrigerator for more than 24 hours? Yes No
- Is your baby fed breastmilk or formula that has been in a bottle 1 hour after the start of a feeding? Yes No
- Is your baby fed breastmilk or formula that has been in a bottle from an earlier feeding? Yes No

8. Check all the foods or beverages you give your baby:

- | | | | | | |
|---|---------------------------------------|--|---|--|--|
| <input type="checkbox"/> Breast milk | <input type="checkbox"/> Gatorade® | <input type="checkbox"/> Mixed dinners | <input type="checkbox"/> Luncheon meats | <input type="checkbox"/> Corn syrup | <input type="checkbox"/> nuts, seeds |
| <input type="checkbox"/> Cow's milk | <input type="checkbox"/> Kool-Aid® | <input type="checkbox"/> Meats | <input type="checkbox"/> hot dogs / sausage | <input type="checkbox"/> Honey | <input type="checkbox"/> peanut butter |
| <input type="checkbox"/> Soy milk | <input type="checkbox"/> Soda | <input type="checkbox"/> Fruits | <input type="checkbox"/> Fish | <input type="checkbox"/> Egg yolk (yellow) | <input type="checkbox"/> popcorn |
| <input type="checkbox"/> Goat's milk | <input type="checkbox"/> Tea | <input type="checkbox"/> Vegetables | <input type="checkbox"/> Shellfish | <input type="checkbox"/> Egg white | <input type="checkbox"/> hard candies |
| <input type="checkbox"/> Water | <input type="checkbox"/> Fruit drinks | <input type="checkbox"/> Desserts | <input type="checkbox"/> French fries | <input type="checkbox"/> Cheese | <input type="checkbox"/> marshmallows |
| <input type="checkbox"/> 100% Fruit Juice | | <input type="checkbox"/> Cereal | <input type="checkbox"/> Table food | <input type="checkbox"/> Yogurt | <input type="checkbox"/> added salt, gravy |
| <input type="checkbox"/> Other _____ | | | | | |

How do you know when your baby is hungry? _____
 How do you know when your baby is full? _____

9. Do you have any questions or concerns about your baby's health, diet, feeding, growth or development?

- Yes No If yes, please describe _____

10. Please offer any suggestions on what WIC can do to better serve you and your family. _____



Infant Nutrition Questionnaire – English (page 2)

For Staff use Only

Nutrition Education Flow Sheet (Infant)

✓ Topics Discussed		Primary Education	Secondary Nutrition	Secondary Nutrition
			Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
Breastfeeding	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
	Growth Spurts			
	Problems / Barriers (Specify)			
Formula	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Spitting Up / Reflux			
	Delay Solids Until 5-6 Months			
	Beginning Solids (Type & Amounts)			
	Iron Fortified Infant Cereal			
	Offer Water Daily When Starting Solids			
	Single Food Introduction (Baby Foods)			
	Prevention of Choking			
	Encouraging Self Feeding Skills			
	↓ Empty Calories & Sweet Drinks			
	Dental Care / Weaning to Cup / Baby Bottle Caries			
Parenting Skills	Modeling Positive Behaviors			
	Stress Free Feeding			
	Picky Eating			
	Goal Setting			
	Immunizations			
	*Alcohol, Tobacco, Drugs & other Harmful Substances			
	Other: (Specify)			
Risk 401 – (Other Dietary Risk) Risk of Inappropriate Complementary Feeding Practices Only use if no other risk is identified.				

Inappropriate Nutrition Practices for Infants

WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.
 Yes No

Breastmilk or Formula Substitute.^(6,8)

Inappropriate use of bottles or Sugar-Containing Fluids.^(7,9)

Inappropriate Introduction of Solid Foods.⁽⁸⁾

Feeding Practices not Developmentally Appropriate.^(3,8)

Potentially unsafe food consumption.^(6,7,8)

Inappropriate Formula Preparation.⁽⁶⁾

Restrictive Nursing.⁽⁶⁾

Restrictive Diet.^(6,8)

Lack of proper Sanitation.^(4,6,7)

Potentially Harmful Dietary Supplements.⁽²⁾

Lack of Essential Dietary Supplements.⁽²⁾

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

*Required Documentation

Primary Nutrition Contact	
Comments:	
*Plan / Goals:	
	*Sign./Title/Date: _____

Infant Nutrition Questionnaire – Spanish (page 1)



Bebés (Nacimiento - 12 meses)
Cuestionario de Nutrición (Español)

Nombre del niño(a): _____
Fecha de nacimiento: _____ edad _____
Nombre del padre/tutor: _____

1. Seleccione todo lo que su bebé ha tenido en el mes pasado:

- diarrea estreñimiento vómitos náusea reflujo vómito leve dificultad para tragar problemas dentales
 dieta especial _____ problema médico o de salud _____ alergia o problema alimenticio _____ ninguno(a)

2. ¿Su bebé toma?

- medicina _____ té herbal/ productos herbales _____
 vitaminas / minerales _____ remedios caseros _____ ninguno(a)

3. Seleccione todo lo que su bebé usa para comer o beber:

- Pecho los dedos una taza/vaso cuchara o tenedor biberón vasito para bebé otro _____

4. ¿Su estufa, refrigerador, y fregadero, están en buenas condiciones? Sí No

5. ¿En 24 horas, cuantos pañales mojados y/o sucios tiene su bebé? Pañales húmedos _____ pañales sucios _____

6. Seleccione todo lo que le esté dando de comer a su bebé, y responda las siguientes preguntas:

- Leche materna** ¿Cuántas veces da pecho o leche materna en un día (24 horas)? _____
¿Por cuánto tiempo planea dar pecho (leche materna)? _____
¿Está teniendo problemas dando pecho, o tiene preguntas acerca de dar pecho? Sí No _____
¿Se saca la leche con una bomba / maquina? Sí No Si es así, ¿cuántas veces por día? _____
- Fórmula infantil** Nombre de la fórmula _____
¿De qué tipo? Líquido o concentrado en polvo lista para servir
¿Cómo prepara la leche? Concentrado o Líquido: _____ onzas de la fórmula para _____ onzas de agua
Polvo: _____ cucharadas de leche para _____ onzas de agua
¿Cuántos biberones toma su bebé en un día (24 horas)? _____ ¿Cuántas onzas hay en cada biberon? _____
¿Qué tipo de agua usa para mezclar la fórmula? de ciudad de pozo
 agua en botella agua "para bebé" en botella
¿Hierve el agua que usa para la fórmula/leche? Sí No Si la hierve, ¿por cuánto tiempo? _____ minutos
¿Cómo limpia los biberones? _____

7. Seleccione "Sí" o "No" para cada pregunta:

- ¿Su bebé duerme con una botella o biberón? Sí No
¿Su bebé toma de un biberón que tiene que estar sostenido? Sí No
¿Agrega cereal, otras comidas, o jugo en el biberón de su bebé? Sí No
¿Su bebé toma leche materna o fórmula que ha estado en el refrigerador por más de 24 horas? Sí No
¿Su bebé toma leche materna o fórmula que ha estado en el biberón mas de 1 hora? Sí No
¿Su bebé toma leche materna o fórmula que sobró de un biberón anterior? Sí No

8. Seleccione todos los alimentos o bebidas que le ofrece a su bebé:

- | | | | | | |
|---|---|--|--|---|---|
| <input type="checkbox"/> leche materna | <input type="checkbox"/> Gatorade® | <input type="checkbox"/> comidas mezcladas | <input type="checkbox"/> carnes frías | <input type="checkbox"/> miel de maíz | <input type="checkbox"/> nueces, semillas |
| <input type="checkbox"/> leche de vaca | <input type="checkbox"/> Kool-Aid® | <input type="checkbox"/> carnes | <input type="checkbox"/> perros calientes / salchichas | <input type="checkbox"/> miel | <input type="checkbox"/> mantequilla de cacahuete |
| <input type="checkbox"/> leche de cabra | <input type="checkbox"/> soda /gaseosa | <input type="checkbox"/> frutas | <input type="checkbox"/> pescado | <input type="checkbox"/> yema de huevo (amarilla) | <input type="checkbox"/> palomitas de maíz |
| <input type="checkbox"/> leche de soya | <input type="checkbox"/> té | <input type="checkbox"/> verduras | <input type="checkbox"/> mariscos | <input type="checkbox"/> clara de huevo | <input type="checkbox"/> dulces duros |
| <input type="checkbox"/> agua | <input type="checkbox"/> bebidas de fruta | <input type="checkbox"/> postres | <input type="checkbox"/> papas fritas | <input type="checkbox"/> queso | <input type="checkbox"/> malvavisco, nube o esponjita (marshmallow) |
| <input type="checkbox"/> otro _____ | <input type="checkbox"/> jugo 100% de fruta | <input type="checkbox"/> cereal | <input type="checkbox"/> comida de adultos | <input type="checkbox"/> yogurt | <input type="checkbox"/> sal y salsa agregadas |

¿Cómo sabe cuando su bebé tiene hambre? _____

¿Cómo sabe si su bebé está lleno? _____

9. ¿Tiene preguntas o preocupaciones acerca de la salud, dieta, alimentación, crecimiento o desarrollo de su bebé?

- Sí No Si contestó que sí, ¿cuales? _____

10. Por favor, ofrezca algunas sugerencias sobre lo que puede hacer WIC para servirle mejor a usted y a su familia.

DETÉNGASE AQUÍ



Infant Nutrition Questionnaire – Spanish (page 2)

Infant's Name: _____
 ID# _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

For Staff use Only

Nutrition Education Flow Sheet (Infant)

✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition	Inappropriate Nutrition Practices for Infants WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how. <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____	
Reinforce Good Points in Diet Nutritional Value of WIC Foods				<input type="checkbox"/> Breastmilk or Formula Substitute. ^(6,8) _____
Breastfeeding Assessment of Latch & Positioning Frequency/Duration/Encouragement Supply & Demand / Supplementing Growth Spurts Problems / Barriers (Specify)				<input type="checkbox"/> Inappropriate use of bottles or Sugar-Containing Fluids. ^(7,8) _____
Formula Iron Fortified Formula Formula Preparation Techniques of Bottle Feeding				<input type="checkbox"/> Inappropriate Introduction of Solid Foods. ⁽⁶⁾ _____
General Nutrition Spitting Up / Reflux Delay Solids Until 5-6 Months Beginning Solids (Type & Amounts) Iron Fortified Infant Cereal Offer Water Daily When Starting Solids Single Food Introduction (Baby Foods) Prevention of Choking Encouraging Self Feeding Skills ↓ Empty Calories & Sweet Drinks Dental Care / Weaning to Cup / Baby Bottle Caries				<input type="checkbox"/> Feeding Practices not Developmentally Appropriate. ^(3,8) _____
Parenting Skills Modeling Positive Behaviors Stress Free Feeding Picky Eating Goal Setting				<input type="checkbox"/> Potentially unsafe food consumption. ^(6,7,8) _____
Immunizations *Alcohol, Tobacco, Drugs & other Harmful Substances Other: (Specify)				<input type="checkbox"/> Inappropriate Formula Preparation. ⁽⁶⁾ _____
Risk 401 – (Other Dietary Risk) Risk of Inappropriate Complementary Feeding Practices Only use if no other risk is identified.				<input type="checkbox"/> Restrictive Nursing. ⁽⁶⁾ _____
				<input type="checkbox"/> Restrictive Diet. ^(6,8) _____
				<input type="checkbox"/> Lack of proper Sanitation. ^(4,6,7) _____
				<input type="checkbox"/> Potentially Harmful Dietary Supplements. ⁽²⁾ _____
				<input type="checkbox"/> Lack of Essential Dietary Supplements. ⁽²⁾ _____
				Note: the number(s) after each statement correspond to the related nutrition questionnaire.

***Required Documentation**

Primary Nutrition Contact	
Comments:	_____

*Plan / Goals:	_____

*Sign./Title/Date: _____	

Child Nutrition Questionnaire – English (page 1)



Child's Name: _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

Child Nutrition Questionnaire (English)

1. Check all that your child takes:

- Medicine _____
- Vitamins/Minerals _____
- Herbal teas/herbal products _____
- Home remedies _____
- none

2. Check all that your child uses to eat or drink:

- breast baby bottle sippy cup his/her fingers
- regular cup spoon or fork other _____

3. Does your child skip meals or have a limited amount of food at meals because there is not enough money to buy food? Yes No

4. Do you have a working stove, refrigerator, and sink? Yes No

5. Check how often your child eats these foods:

Meat, poultry, fish, beans, or eggs	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- cereal, bread, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, french fries, sausage, hot dogs, bacon	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never

6. Check all that your child drinks:

- breast milk soy milk soda
- whole milk water Gatorade
- 2% reduced fat milk fruit drink tea
- 1% reduced fat milk 100% fruit juice
- fat free milk other _____

7. Check all that your child eats:

- hard candies seeds dirt
- Gum drops raisins clay
- chewing gum dried fruit chalk
- chips whole grapes ashes
- popcorn hot dogs laundry starch
- pretzels Cornstarch
- nuts uncooked meat baking soda
- spoonfuls of peanut butter uncooked fish crayons
- uncooked eggs large amounts of ice

8. Does your child eat fast food meals more than 2 times a week? Yes No

9. How do you know when your child is hungry?

How do you know when your child is full?

10. Does your child go for:

- regular health check-ups? Yes No
- regular dental check-ups? Yes No

11. Check all your child has had in the last month:

- diarrhea constipation vomiting nausea
- difficulty chewing or swallowing unable to feed self
- dental problems
- special diet: _____
- health or medical problem: _____
- food allergy or problem: _____
- none

12. What is your child's usual daily activity?

- Very active (plays actively 2 or more hours per day)
- Active some of the time (plays actively about 1 to 2 hours per day)
- not active

13. How many hours a day does your child watch TV, play at the computer, or play video games? _____ hours per day.

14. Does your child eat meals provided by a child care center or at school? Yes No

15. Do you have any questions or concerns about your child's health, diet, feeding, or growth? Yes No

If yes, please describe _____

16. Please offer any suggestions on what WIC can do to better serve you and your family. _____

STOP HERE



Child Nutrition Questionnaire – English (page 2)

For Staff use Only

Nutrition Education Flow Sheet (Child)

✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition
		Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
Reinforce Good Points in Diet			
Nutritional Value of WIC Foods			
General Nutrition	Meat / Meat Substitutes		
	Dairy / Milk / Milk Substitutes		
	Fruits / Vegetables		
	Bread / Cereal		
	Good Quality Snacks		
	↑ Calcium Sources		
	Foods to Prevent Anemia (Fe, VIt. C, Pro., Folic Acid)		
	Medicine / Vitamins / Minerals		
	↓ Empty Calories & Sweet Drinks		
	Dental Care / Weaning to Cup / Baby Bottle Caries		
Physical Activity	Weight Management		
	Exercise Benefits / Frequency		
	Physical Activity / Play as a Family		
	Alternatives to TV / Video Time		
Parenting Skills	Modeling Positive Behaviors		
	Stress Free Feeding		
	Picky Eating		
	Goal Setting		
Other	Immunizations		
	*Alcohol, Tobacco, Drugs & other Harmful Substances		
	Other: (Specify)		

Only use risk 401 – (Other Dietary Risk) if no other risk is identified.
 > 12-23 months- Risk of Inappropriate Complementary Feeding Practices
 > ≥ 2 years of age- Failure to meet Dietary Guidelines

Inappropriate Nutrition Practices for Children

WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.
 Yes No

Routinely feeding inappropriate beverages as the primary milk source.⁽⁶⁾

Routinely feeding a child any sugar containing fluids.⁽⁶⁾

Routinely using nursing bottles, cups, or pacifiers improperly.⁽²⁾

Routinely using feeding practices that disregard the developmental needs or stages of the child.^(2,7)

Potentially unsafe food consumption.⁽⁷⁾

Routinely feeding a diet very low in calories and/or essential nutrients.^(3,5)

Feeding dietary supplements with potentially harmful consequences.⁽¹⁾

Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.^(1,5,6)

Routine ingestion of nonfood items (pica).⁽⁷⁾

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

***Required Documentation**

Primary Nutrition Contact

Comments:	
*Plan / Goals:	
*Sign./Title/Date: _____	

Child Nutrition Questionnaire – Spanish (page 1)



Nombre del niño(a): _____
 Fecha de nacimiento: _____ edad _____
 Nombre del padre/tutor: _____

Cuestionario de Nutrición Para Niño(a) (Español)

1. Seleccione todo lo que su niño(a) toma:

- Medicina _____
- Vitaminas/Minerales _____
- té de hierbas/ productos de hierbas _____
- Remedios caseros _____
- ninguno

2. Seleccione todo lo que su niño(a) usa para comer o beber:

- pecho sus dedos una taza cuchara o tenedor
- biberón taza para bebe sonda

3. ¿Su niño(a) se salta comidas o tiene una cantidad limitada de alimentos por falta de dinero? Sí No

4. ¿Su estufa, refrigerador, y fregadero, están en buenas condiciones? Sí No

5. Seleccione con cual frecuencia come su niño lo siguiente:

Carne, pollo, pescado, frijoles, o huevos	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Leche, yogurt, o queso	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Frutas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Vegetales	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Pan integral, cereal, arroz, pasta, tortillas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Galletas, tortas, pastel, dulce	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Comida frita, papas fritas, salsa, perros calientes, tocino	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca

6. Seleccione todo lo que su niño(a) toma:

- leche materna leche baja en grasa 2% té
- leche entera bebidas de frutas Gatorade®
- leche baja en grasa 1% jugo 100% de fruta suplementos nutricionales
- leche de soya soda o gaseosa otros _____
- leche libre de grasa agua

7. Seleccione todo lo que su niño(a) come:

- dulces duros semillas tierra
- caramelos suaves pasas barro
- chicle fruta seca tiza
- papas fritas uvas enteras ceniza
- palomitas de maíz perros calientes almidón para planchar
- galletas saladas maicena lápices de colores
- nueces carne cruda bicarbonato de sodio
- cucharadas de mantequilla de maní pescado crudo cantidades grandes de hielo
- huevos crudos

8. ¿Su niño(a) come comidas rápidas más de dos veces por semana? Sí No

9. ¿Cómo sabe cuándo su niño(a) tiene hambre?

¿Cómo sabe cuándo está lleno(a) su niño(a)?

10. Va su niño(a) a:

- ¿Chequeos regulares de salud? Sí No
- ¿Chequeos dentales regulares? Sí No

11. Seleccione cualquier problema que haya tenido su niño(a) el mes pasado:

- diarrea estreñimiento vómitos náuseas
- dificultad para masticar o tragar incapaz de comer solo
- problemas dentales
- dieta especial: _____
- problema médico o de salud: _____
- alergia o problema alimenticio: _____
- ninguno(a)

12. ¿Cual es la actividad diaria de su niño(a)?

- Mucha actividad (juega activamente 2 o más horas por día)
- Algo de actividad (juega activamente 1 - 2 horas diarias)
- Sin actividad

13. ¿Cuántas horas al día pasa su niño(a) viendo televisión, jugando con computadora o videos? _____ horas por día.

14. ¿Come su niño(a) alimentos provistos por un centro de atención infantil, o en la escuela? Sí No

15. ¿Tiene usted algunas preguntas o preocupaciones acerca de la salud, dieta, alimentación o el crecimiento de su niño(a)? Sí No

Si es así, por favor explique _____

16. Por favor, ofrezca cualquier sugerencia sobre qué puede hacer WIC para servirle mejor a usted y a su familia. _____

DETÉNGASE AQUÍ



Child Nutrition Questionnaire – Spanish (page 2)

Child's Name: _____
 ID# _____
 Date of Birth: _____ Age _____
 Name of Parent/Guardian: _____

For Staff use Only

Nutrition Education Flow Sheet (Child)

✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition
		Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
Reinforce Good Points in Diet			
Nutritional Value of WIC Foods			
General Nutrition	Meat / Meat Substitutes		
	Dairy / Milk / Milk Substitutes		
	Fruits / Vegetables		
	Bread / Cereal		
	Good Quality Snacks		
	↑ Calcium Sources		
	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)		
	Medicine / Vitamins / Minerals		
	↓ Empty Calories & Sweet Drinks		
	Dental Care / Weaning to Cup / Baby Bottle Caries		
Physical Activity	Weight Management		
	Exercise Benefits / Frequency		
	Physical Activity / Play as a Family		
	Alternatives to TV / Video Time		
Parenting Skills	Modeling Positive Behaviors		
	Stress Free Feeding		
	Picky Eating		
	Goal Setting		
	Immunizations		
	*Alcohol, Tobacco, Drugs & other Harmful Substances		
	Other: (Specify)		
Only use risk 401 – (Other Dietary Risk) if no other risk is identified. > 12-23 months- Risk of Inappropriate Complementary Feeding Practices > ≥ 2 years of age- Failure to meet Dietary Guidelines			

Inappropriate Nutrition Practices for Children

WIC Risk 400: Inappropriate Nutrition Practices. If yes, document how.
 Yes No

Routinely feeding inappropriate beverages as the primary milk source.⁽⁶⁾

Routinely feeding a child any sugar containing fluids.⁽⁶⁾

Routinely using nursing bottles, cups, or pacifiers improperly.⁽²⁾

Routinely using feeding practices that disregard the developmental needs or stages of the child.^(2,7)

Potentially unsafe food consumption.⁽⁷⁾

Routinely feeding a diet very low in calories and/or essential nutrients.^(3,5)

Feeding dietary supplements with potentially harmful consequences.⁽¹⁾

Routinely not providing dietary supplements recognized as essential by national public health policy when a child's diet alone cannot meet nutrient requirements.^(1,5,6)

Routine ingestion of nonfood items (pica).⁽⁷⁾

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

*Required Documentation

Primary Nutrition Contact	
Comments:	_____

*Plan / Goals:	_____

*Sign./Title/Date: _____	

Woman Nutrition Questionnaire – English (page 1)



Adult & Adolescent
Nutrition Questionnaire (English)

Name: _____
Date of Birth: _____ Age _____

WIC Pregnant
 Breastfeeding
 Non Breastfeeding

1. Do you go for regular health check-ups? Yes No regular dental check-ups? Yes No
2. Check all that you have had in the last month:
 diarrhea constipation vomiting nausea difficulty chewing or swallowing dental problems
 special diet _____ health or medical problem _____ food allergy or problem _____ none
3. Check all you take:
 medicine _____ herbal teas / herbal products _____
 vitamins / minerals _____ home remedies _____ none
4. Have you tried to control your weight by self-starvation, fasting, vomiting, or using laxatives? Yes No
5. What is your usual daily activity? (check one)
 very active (run, heavy housework or yardwork) active some of the time (walk, do light housework) not active (no regular physical activity)
6. Do you skip meals or have a limited amount of food at meals because there is not enough money to buy food? Yes No
7. Do you have a working stove, refrigerator, and sink? Yes No
8. Do you eat these or other non-food items:
dirt, clay, chalk, ashes, large amounts of ice, laundry starch, cornstarch, or baking soda? Yes No
9. Do You Smoke? Yes No
10. Check how often you eat these foods:

Meat, poultry, fish, beans, or eggs.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Milk, yogurt, or cheese.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fruits.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Vegetables.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Grains- bread, cereal, rice, pasta, tortillas	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Cookies, cakes, pies, candy.....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
Fried foods, French fries, sausage, hot dogs, bacon....	<input type="checkbox"/> Daily	<input type="checkbox"/> Some days	<input type="checkbox"/> Never
11. Check all that you drink:

<input type="checkbox"/> fat free milk	<input type="checkbox"/> goat milk	<input type="checkbox"/> 100% fruit juice	<input type="checkbox"/> coffee	<input type="checkbox"/> beer, wine, liquor
<input type="checkbox"/> 1% lowfat milk	<input type="checkbox"/> soy milk	<input type="checkbox"/> Gatorade®	<input type="checkbox"/> soda	<input type="checkbox"/> nutrition supplements
<input type="checkbox"/> 2% reduced fat milk	<input type="checkbox"/> rice milk	<input type="checkbox"/> Kool-Aid®	<input type="checkbox"/> tea	<input type="checkbox"/> water
<input type="checkbox"/> whole milk	<input type="checkbox"/> flavored milk drink	<input type="checkbox"/> fruit drinks	<input type="checkbox"/> energy drink	<input type="checkbox"/> Other _____
12. Do you eat fish more than 2 times a week? Yes No
13. Do you eat fast food meals more than 2 times a week? Yes No
14. Do you eat uncooked meat, uncooked fish, or uncooked eggs? Yes No
15. Do you have any questions or concerns about your health or diet? Yes No
If yes, please describe _____
16. Please offer any suggestions on what WIC can do to better serve you and your family. _____

STOP HERE 

Woman Nutrition Questionnaire – English (page 2)

For Staff use Only

Nutrition Education Flow Sheet (Adult & Adolescent)

✓ Topics Discussed		Primary Education	Secondary Nutrition	Secondary Nutrition
			Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
Breastfeeding	Reinforce Good Points in Diet			
	Nutritional Value of WIC Foods			
	Assessment of Latch & Positioning			
	Frequency/Duration/Encouragement			
	Supply & Demand / Supplementing			
Postpartum	Infant Growth Spurts			
	Problems / Barriers (Specify)			
	Iron Fortified Formula			
	Formula Preparation			
	Techniques of Bottle Feeding			
General Nutrition	Weight Management			
	Exercise Benefits / Frequency			
	Physical Activity / Play as a Family			
	Alternatives to TV / Video Time			
	Meat / Meat Substitutes			
	Dairy / Milk / Milk Substitutes			
	Fruits / Vegetables			
	Bread / Cereal			
	Good Quality Snacks			
	↑ Calcium Sources			
*Exit Counseling	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)			
	Adequate Fluid Intake			
	↓ Empty Calories & Sweet Drinks			
	Nausea, Constipation, Heartburn			
	Other: (Specify)			

Inappropriate Nutrition Practices for Women

WIC Risk 400: Inappropriate Nutrition Practices If yes, document how.
 Yes No

Potentially Harmful Dietary Supplements.⁽³⁾

Restrictive Diet.^(2, 4, 6, 10)

Routine ingestion of nonfood items (pica).⁽⁸⁾

Inadequate vitamin / mineral supplementation recognized as essential.⁽³⁾

Pregnant Women

Potentially unsafe food consumption.^(12, 14)

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

***Exit Counseling**

- Folic Acid importance
- Risk of alcohol, tobacco, & drugs
- Continued breastfeeding as the preferred infant feeding method
- Up to date Immunizations

Only use risk 401 – (Other Dietary Risk) if no other risk is identified.

➤ Failure to meet Dietary Guidelines

***Required Documentation**

Primary Nutrition Contact	
Comments:	
*Plan / Goals:	
	*Sign./Title/Date: _____

Woman Nutrition Questionnaire – Spanish (page 1)



Cuestionario de Nutrición
Para Adultos y Adolescentes (español)

Nombre: _____
Fecha de nac.: _____ Edad _____

WIC Embarazada
 Da pecho
 No da pecho

1. ¿Visita su médico regularmente? Sí No ¿Visita su dentista regularmente? Sí No
2. Seleccione cualquier problema que usted haya tenido el mes pasado:
 diarrea estreñimiento vómitos náusea dificultad al masticar o tragar problemas dentales
 dieta especial _____ problema médico o de salud _____ alergia o problema alimenticio _____ ninguno(a)
3. Seleccione todo lo que usted haya tomado:
 medicina _____ té herbales/ productos herbales _____
 vitaminas / minerales _____ remedios caseros _____ ninguno(a)
4. ¿Ha intentado controlar su peso pasando hambre, ayunando, vomitando, o usando laxantes? Sí No
5. ¿Cómo son sus actividades diariamente? (marque una)
 muy activas (correr, labores pesadas, domésticas o de jardín) algo activas (caminar, hacer trabajos livianos)
 no activas (sin actividad física regular)
6. ¿Se salta comidas o tiene una cantidad limitada de alimentos por falta de dinero? Sí No
7. ¿Su estufa, refrigerador, y fregadero están en buenas condiciones? Sí No
8. ¿Come alguno de estos o otras cosas?:
 tierra, barro, tiza, ceniza, grandes cantidades de hielo, almidón de lavandería, maicena, o bicarbonato de sodio? Sí No
9. ¿Fuma? Sí No
10. Seleccione que tan seguido come usted estos alimentos:

Carne, pollo, pescado, frijoles, o huevos.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Leche, yogurt, o queso.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Frutas.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Vegetales.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Pan integral, cereal, arroz, pasta, tortillas	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Galletas, tortas, pastel, dulce.....	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
Comidas fritas, papas fritas, salsa, perros calientes, tocino...	<input type="checkbox"/> A diario	<input type="checkbox"/> A veces	<input type="checkbox"/> Nunca
11. Seleccione todo lo que usted toma:

<input type="checkbox"/> leche desgrasada	<input type="checkbox"/> leche de cabra	<input type="checkbox"/> jugo 100% de fruta	<input type="checkbox"/> café	<input type="checkbox"/> cerveza, vino, licor
<input type="checkbox"/> lecha baja en grasa (1%)	<input type="checkbox"/> leche de soya	<input type="checkbox"/> Gatorade®	<input type="checkbox"/> soda o gaseosa	<input type="checkbox"/> suplementos nutricionales
<input type="checkbox"/> lecha baja en grasa (2%)	<input type="checkbox"/> leche de arroz	<input type="checkbox"/> Kool-Aid®	<input type="checkbox"/> té	<input type="checkbox"/> agua
<input type="checkbox"/> leche entera	<input type="checkbox"/> leche de sabores	<input type="checkbox"/> bebidas de frutas	<input type="checkbox"/> bebida energética	<input type="checkbox"/> otro(a) _____
12. ¿Come pescado más de dos veces por semana? Sí No
13. ¿Come comidas rápidas más de dos veces por semana? Sí No
14. ¿Come carne cruda, pescado crudo o huevos crudos? Sí No
15. ¿Tiene preguntas o preocupaciones acerca de su salud o su dieta? Sí No
 Si las tiene, cuales son? _____
16. Por favor, ofrezca cualquier sugerencia sobre qué puede hacer WIC para servirle mejor a usted y a su familia.

DETÉNGASE AQUÍ



Woman Nutrition Questionnaire – Spanish (page 2)

Name: _____
 ID# _____
 Date of Birth: _____ Age _____

For Staff use Only

Nutrition Education Flow Sheet (Adult & Adolescent)

✓ Topics Discussed	Primary Education	Secondary Nutrition	Secondary Nutrition
		Date: _____ *Sign./Title: _____	Date: _____ *Sign./Title: _____
Breastfeeding	Reinforce Good Points in Diet		
	Nutritional Value of WIC Foods		
	Assessment of Latch & Positioning		
	Frequency/Duration/Encouragement		
	Supply & Demand / Supplementing		
	Infant Growth Spurts		
Postpartum	Problems / Barriers (Specify)		
	Iron Fortified Formula		
	Formula Preparation		
	Techniques of Bottle Feeding		
	Weight Management		
	Exercise Benefits / Frequency		
General Nutrition	Physical Activity / Play as a Family		
	Alternatives to TV / Video Time		
	Meat / Meat Substitutes		
	Dairy / Milk / Milk Substitutes		
	Fruits / Vegetables		
	Bread / Cereal		
	Good Quality Snacks		
	↑ Calcium Sources		
	Foods to Prevent Anemia (Fe, Vit. C, Pro., Folic Acid)		
	Adequate Fluid Intake		
*Exit Counseling	↓ Empty Calories & Sweet Drinks		
	Nausea, Constipation, Heartburn		
*Exit Counseling			
Other: (Specify)			
Only use risk 401 – (Other Dietary Risk) if no other risk is identified. ➤ Failure to meet Dietary Guidelines			

Inappropriate Nutrition Practices for Women

WIC Risk 400: Inappropriate Nutrition Practices If yes, document how.
 Yes No

Potentially Harmful Dietary Supplements.⁽³⁾

Restrictive Diet.^(2, 4, 6, 10)

Routine ingestion of nonfood items (pica).⁽⁵⁾

Inadequate vitamin / mineral supplementation recognized as essential.⁽³⁾

Pregnant Women

Potentially unsafe food consumption.^(12, 14)

Note: the number(s) after each statement correspond to the related nutrition questionnaire.

***Exit Counseling**

- Folic Acid importance
- Risk of alcohol, tobacco, & drugs
- Continued breastfeeding as the preferred infant feeding method
- Up to date immunizations

*Required Documentation

Primary Nutrition Contact	
Comments:	
*Plan / Goals:	
	*Sign./Title/Date: _____

CT-8: Equipment Maintenance

EQUIPMENT MAINTENANCE

1. A yearly calibration of scales is required for proper usage. To arrange for your equipment to be calibrated, please contact a scale company licensed by the Georgia Department of Agriculture for service or each local agency/clinic may calibrate its scales by using the Procedures for Testing Scales developed by the Georgia Department of Agriculture.

Georgia Department of Agriculture
 Fuel and Measures Division
 Agriculture Building, Room 321
 Capitol Square
 Atlanta, Georgia 30334
 (404) 656-3605

Please contact the Office of Nutrition for a list of Licensed Scale Calibration Companies.

2. A yearly calibration of centrifuges and other hematological equipment used to determine anemia status of WIC applicants/participants is recommended. There is no State agency that is responsible for this procedure. Calibration of hematological equipment should follow manufacturer recommendations. Each local agency/clinic should establish a calibration procedure.

Georgia’s WIC has elected to use special codes to be entered into the hematological data field, when hemoglobin is not determined. Please use the following codes, based on the computer systems in your district.

- ❖ Mitchell & McCormick (M&M): 88:8
- ❖ Athens System: 88:8
- ❖ DeKalb System: 88:8
- ❖ Aegis: 88:8

Covansys is set up to accept these values to indicate that no blood work has been performed, and will not send this data to the Centers for Disease Control and Prevention (CDC).

Blood work should not be performed on infants younger than 9 months or age, unless there is a medical reason.

In most cases, infants will have blood work performed around 12 months or age (infant status blood work) and then 6 months later (child status blood work). If the child’s blood work is normal, blood work does not have to be performed for a year. If the blood work is abnormal, it must be re-checked at each subsequent certification until it becomes normal.

Postpartum, breastfeeding women who have breastfed for 6 months will not have to have blood work performed at their second postpartum WIC certification unless there is a medical

reason. It is recommended that hematological equipment be checked for accuracy (balanced/calibrated) according to a regular schedule, based on usage. Follow the manufacturer's instructions for regular calibration of the equipment for machines that do not perform routine/daily self-calibration tests.

CT-9: Participant Transfer Log
(Optional)
District __ Unit__ Clinic_____

Participant Name	Date Record Requested	Date Record Received	Agency Contact Information	Received Yes/No

CT-10: Prenatal Weight Gain Grid Multifetal Pregnancy

Prenatal Weight Gain Grid

Multifetal Pregnancy Normal Weight or Underweight

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1) (weight in pounds)

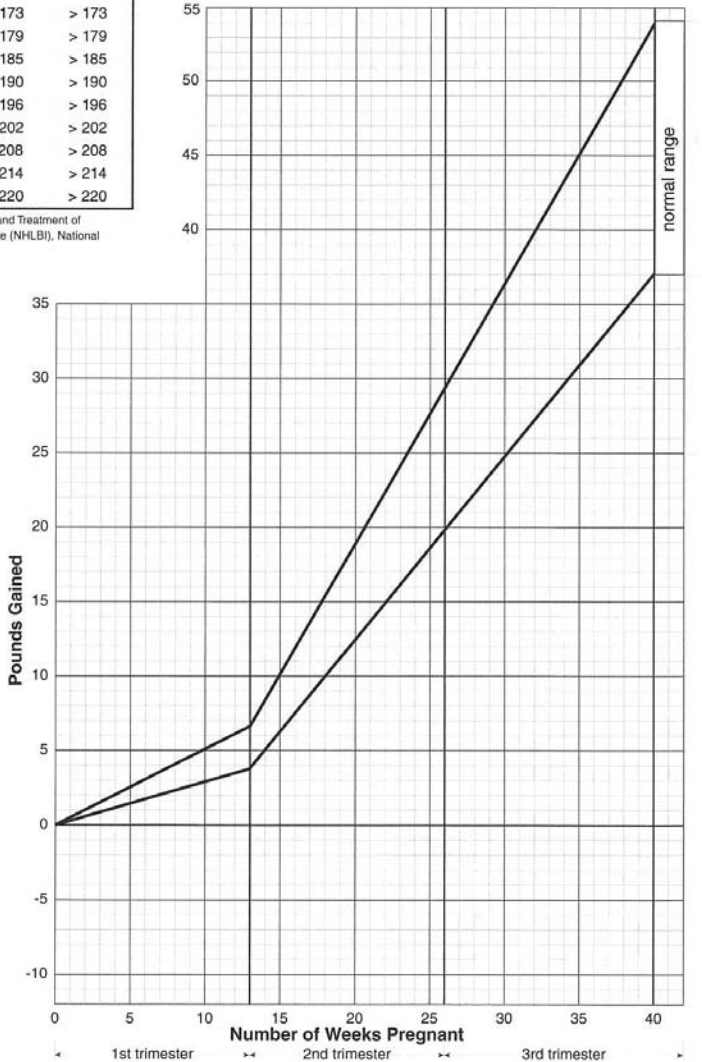
Table with 5 columns: Height (inches), Normal Weight BMI (18.5-24.9), Underweight BMI (< 18.5), Overweight BMI (25.0-29.9), and Obese BMI (> 30.0). Rows list heights from 58 to 72 inches with corresponding weight ranges.

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations box containing: 'A - Normal Weight: 37 to 54 lb total' and 'B - Underweight: No weight grid is available. Use Normal Weight grid below and any medical provider recommendations.'

Check one: A B



(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Table with 4 columns: Date, Weight, # Wks. Preg., and Total Wt. Gain. It is an empty grid for recording pregnancy data.

EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

[Current Weight] - [Expected Weight Gain] = Estimated Prepregnancy Weight

See top of page 2 for instructions.



Prenatal Weight Gain Grid

Multifetal Pregnancy Overweight

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of page 1 or 3. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1, 2, or 3. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:

- a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
- b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancies: Institute of Medicine (IOM) provisional guidelines for twin pregnancies: normal weight women should gain 37-54 pounds; overweight women, 31-50 pounds; and obese women, 25-42 pounds(1). There was insufficient information for the IOM to develop provisional guidelines for underweight women. A consistent rate of weight gain is advisable. A gain of 1.5 pounds per week during the 2nd & 3rd trimesters has been associated with a reduced risk of preterm and low-birth weight delivery in twin pregnancy(2). For triplet pregnancies, the overall gain should be around 50 pounds with a steady rate of gain of approximately 1.5 pounds/week throughout the pregnancy(2). Education by the WIC nutritionist should address a steady rate of weight gain that is higher than for singleton pregnancies.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

C - Overweight: 31 to 50 lb total
 1st trimester: 3.7 to 5.7 lb gain
 2nd & 3rd trimesters: 1.0 to 1.6 lb/week

Check if applicable: C

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

Height (no shoes): _____

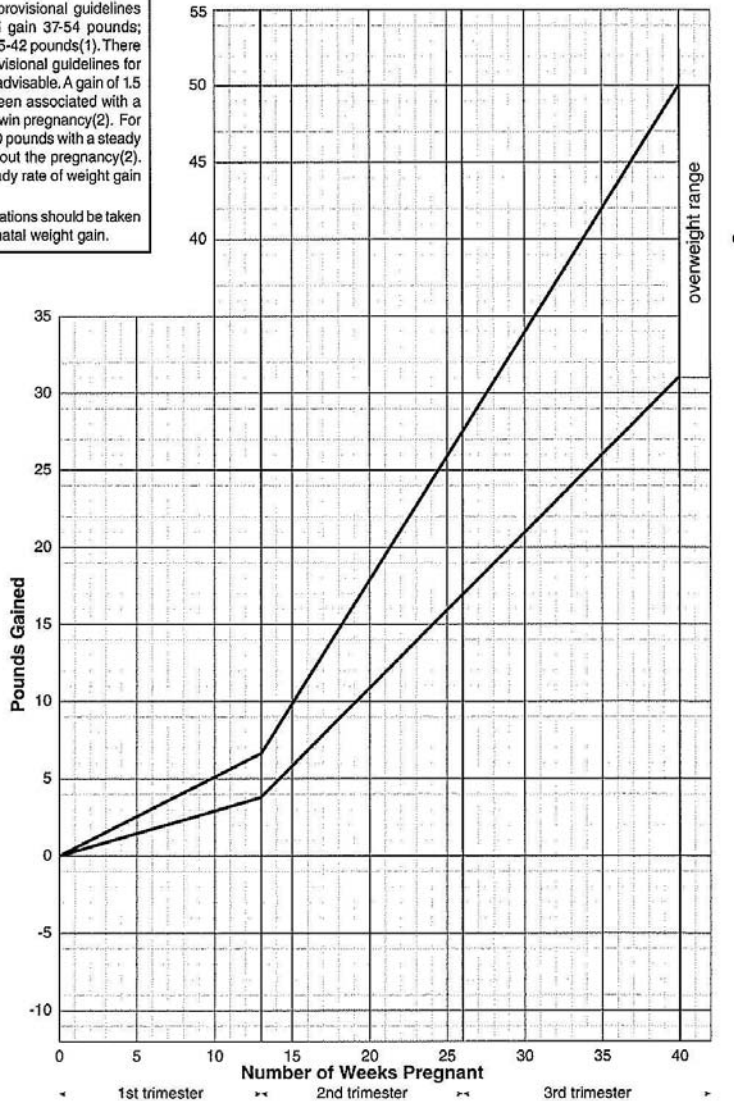
Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \text{Estimated} \\ \text{Pregnancy} \\ \text{Weight}$$

References:

- (1)Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.
- (2)Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.: 1996.



Prenatal Weight Gain Grid

Multifetal Pregnancy Obese

Body Mass Index (BMI) Table for Determining Weight Classification for Women (1)
(weight in pounds)

Height (in inches no shoes)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
	Normal Weight BMI 18.5 - 24.9	Underweight BMI < 18.5	Overweight BMI 25.0 - 29.9	Obese BMI ≥ 30.0
58	89 - 118	< 89	119 - 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 - 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 - 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 - 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 - 214	> 214
72	137 - 183	< 137	184 - 220	> 220

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH). NIH Publication No. 98-4083.

Name: _____

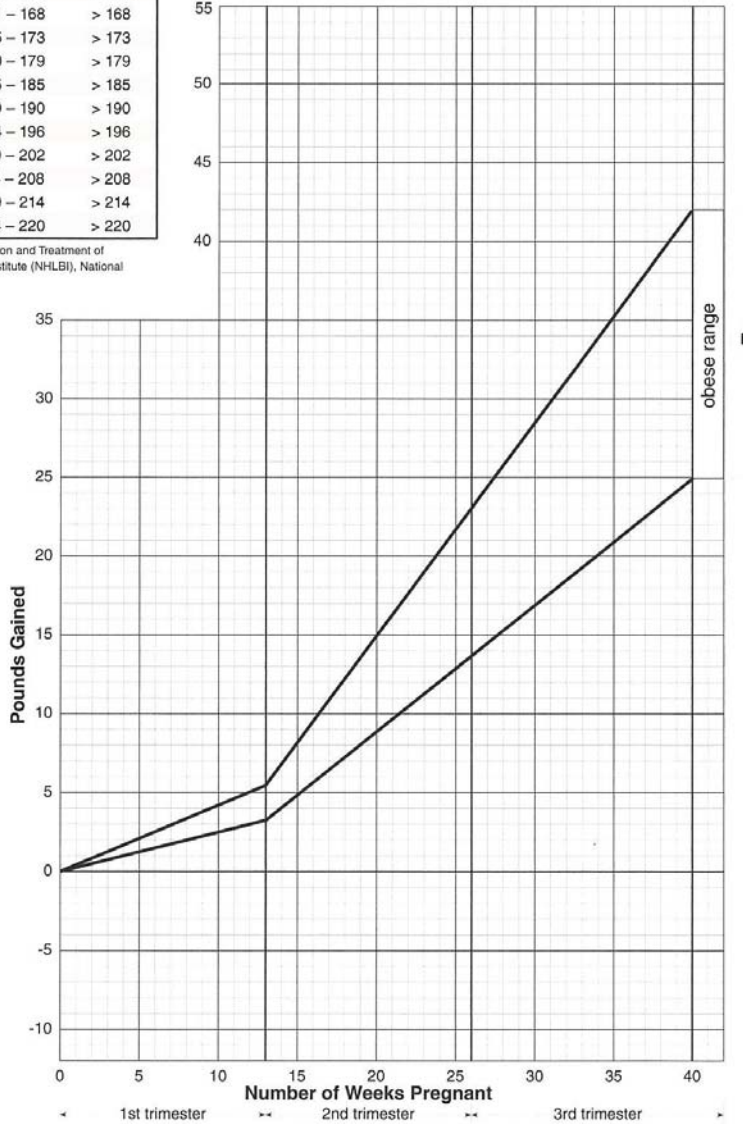
ID#: _____ Date of Birth: _____

Weight Gain Recommendations

D - Obese: 25 to 42 lb total
1st trimester: 3.2 to 5.4 lb gain
2nd & 3rd trimesters: 0.8 to 1.4 lb/week

Check if applicable: D

Date	Weight	# Wks. Preg.	Total Wt. Gain



EDD: _____

Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \begin{array}{c} \text{Estimated} \\ \text{Prepregnancy} \\ \text{Weight} \end{array}$$

See top of page 2 for instructions.



CT-11:Prenatal Weight Gain Grid Singleton Pregnancy

Prenatal Weight Gain Grid

Singleton Pregnancy
Normal Weight or Obese

Body Mass Index (BMI) Table for Determining
Weight Classification for Women (1)
(weight in pounds)

Name: _____
ID#: _____ Date of Birth: _____

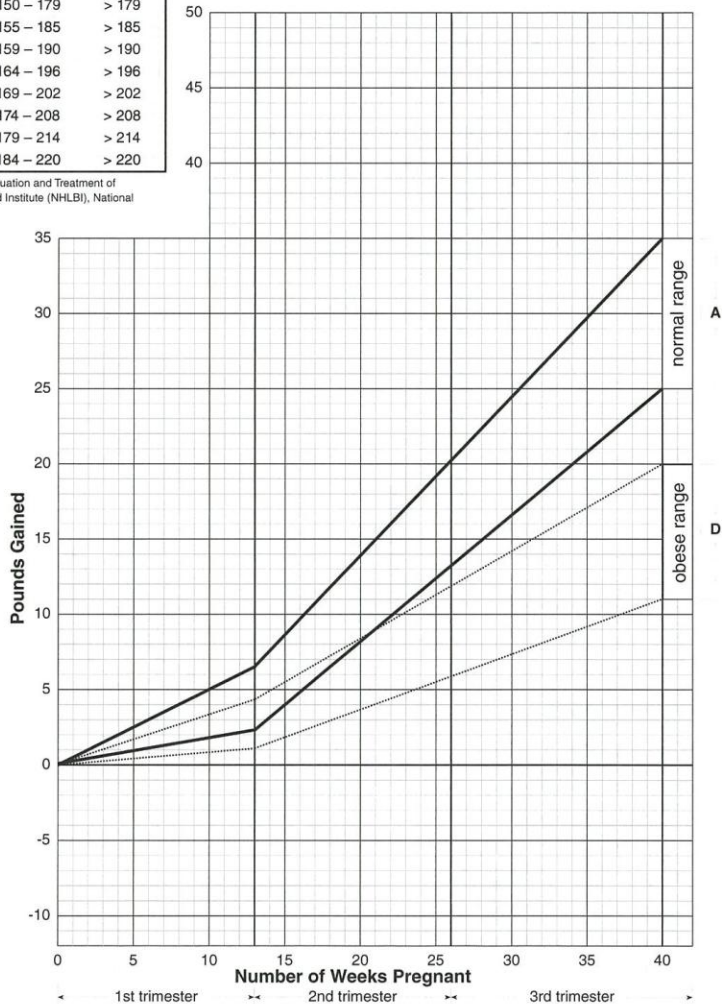
Height (in inches no shoes)	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
	Normal Weight BMI 18.5 - 24.9	Underweight BMI < 18.5	Overweight BMI 25.0 - 29.9	Obese BMI ≥ 30.0
58	89 - 118	< 89	119 - 142	> 142
59	92 - 123	< 92	124 - 147	> 147
60	95 - 127	< 95	128 - 152	> 152
61	98 - 131	< 98	132 - 157	> 157
62	101 - 135	< 101	136 - 163	> 163
63	105 - 140	< 105	141 - 168	> 168
64	108 - 144	< 108	145 - 173	> 173
65	111 - 149	< 111	150 - 179	> 179
66	115 - 154	< 115	155 - 185	> 185
67	118 - 158	< 118	159 - 190	> 190
68	122 - 163	< 122	164 - 196	> 196
69	125 - 168	< 125	169 - 202	> 202
70	129 - 173	< 129	174 - 208	> 208
71	133 - 178	< 133	179 - 214	> 214
72	137 - 183	< 137	184 - 220	> 220

Weight Gain Recommendations	
A - Normal Weight 25 to 35 lb total weight gain 1 st trimester: 2.2 to 6.6 lb gain 2 nd & 3 rd trimesters: about 1 lb/week	D - Obese 11 to 20 lb total weight gain 1 st trimester: 1.1 to 4.4 lb gain 2 nd & 3 rd trimesters: about 0.5 lb/week

Check one: A D

(1) Adapted from the Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults. National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health (NIH), NIH Publication No. 98-4083.

Date	Weight	# Wks. Preg.	Total Wt. Gain



EDD: _____
 Height (no shoes): _____
 Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\text{Current Weight} \right] - \left[\text{Expected Weight Gain} \right] = \text{Estimated Prepregnancy Weight}$$

See top of page 2 for instructions.



Source: Florida Dept. of Health

Prenatal Weight Gain Grid

Singleton Pregnancy
Underweight or Overweight

Instructions for Use

Determine the woman's prepregnancy weight for height status using the table on the top of side 1. Check box A, B, C, or D, and then select the corresponding weight gain range on page 1 or 2. Record the name, ID#, birthdate, EDD (Expected Delivery Date), height, and prepregnancy weight. If prepregnancy weight is unknown, it must be estimated. See box under prepregnancy weight space for instructions.

Each time a current weight measurement is available:

- a. On the chart to the left of the grid, enter the date, current weight, number of weeks pregnant, and total weight gain.
- b. On the grid, place an "X" where the number of weeks pregnant intersects the number of pounds gained or lost for the current visit.

Revised EDD: If the EDD is revised, make a note beside the EDD space on the form. At that time, begin to plot new weight measurements at the corrected number of weeks pregnant.

Multifetal Pregnancy: Use Prenatal Weight Gain Grid for Multifetal Pregnancy.

Note: Individual needs and medical provider recommendations should be taken into consideration when determining the desirable prenatal weight gain.

Name: _____

ID#: _____ Date of Birth: _____

Weight Gain Recommendations

B - Underweight
28 to 40 lb total weight gain
1st trimester: 2.2 to 6.6 lb gain
2nd & 3rd trimesters: about 1 lb/week

C - Overweight
15 to 25 lb total weight gain
1st trimester: 2.2 to 6.6 lb gain
2nd & 3rd trimesters: about 0.6 lb/week

Check one: B C

Date	Weight	# Wks. Preg.	Total Wt. Gain

EDD: _____

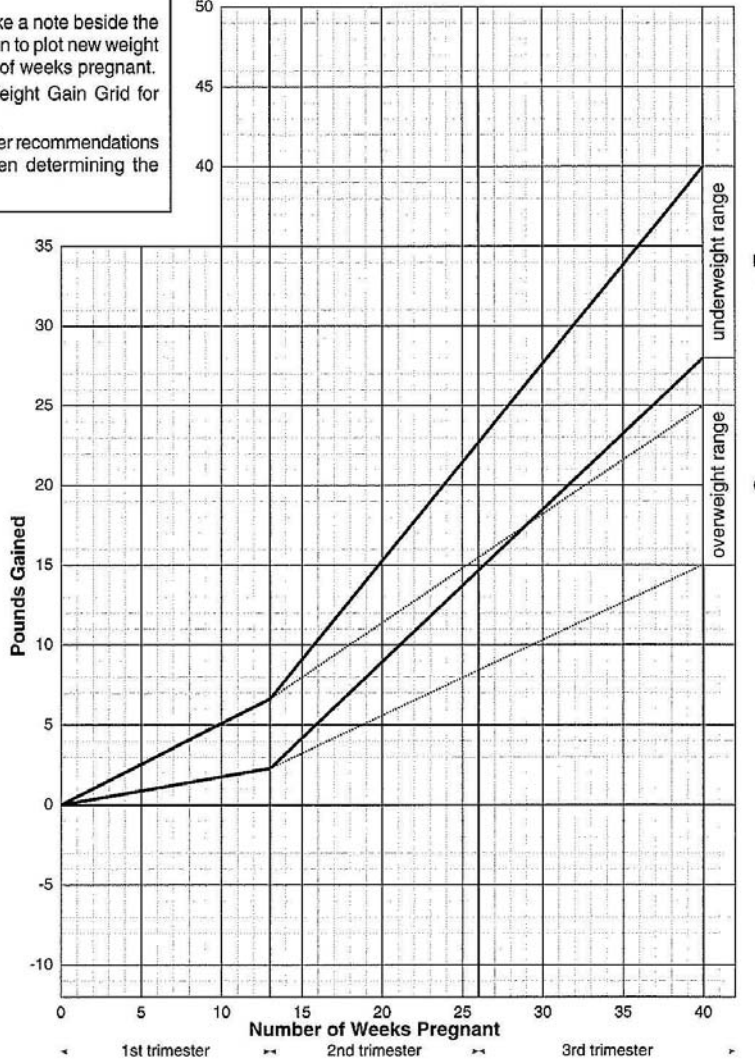
Height (no shoes): _____

Prepregnancy Weight: _____

If prepregnancy weight is unknown, use professional judgement to select A, B, C, or D range. Next, plot the midpoint of the selected range for the number of weeks pregnant to obtain the Expected Weight Gain. Then use this equation:

$$\left[\begin{array}{c} \text{Current} \\ \text{Weight} \end{array} \right] - \left[\begin{array}{c} \text{Expected} \\ \text{Weight} \\ \text{Gain} \end{array} \right] = \begin{array}{c} \text{Estimated} \\ \text{Prepregnancy} \\ \text{Weight} \end{array}$$

- References:**
- (1) Institute of Medicine. Weight gain during pregnancy: reexamining the guidelines. (Prepublication Copy). National Academy Press, Washington, D.C., 2009. www.nap.edu. Accessed June 2009.
 - (2) Institute of Medicine. WIC nutrition risk criteria: a scientific assessment. National Academy Press, Washington, D.C.; 1996.



Source: Florida Dept. of Health

CT-12: WIC PROXY FORM

For the month _____, 20____. I, _____ (print your name) give permission for

_____ (print name of designated person)

to pick up my WIC vouchers and redeem them at the grocery store. The proxy will only receive one month of food benefits.

Signature of Participant/Caregiver

Date

IMPORTANT REMINDERS:

1. You must let your proxy know when to pick up your vouchers
2. The person you designate as your proxy must bring proof of identification and this completed form to the WIC clinic before vouchers will be issued.
3. A proxy will be issued only one month of vouchers at a time.
4. The Proxy must have the WIC ID card and proof of identification for themselves when redeeming vouchers at the grocery store.

Name of Client	WIC ID Number	Voucher Numbers

Signature of Proxy

Date

Signature of Local Agency Staff Member

Date

This institution is an equal opportunity provider and employer.

GEORGIA WIC PROGRAM
 CT-13: WIC INCOME ELIGIBLE GUIDELINES
 (Effective from July 1, 2015 to June 30, 2016)
 Reduced Price Meals – 185% of Federal Poverty Guidelines
 48 Contiguous States

Household Size	Annual	Monthly	Twice-monthly	Bi-weekly	Weekly
1.....	\$21,775	\$1,815	\$908	\$838	\$419
2.....	29,471	2,456	1,228	1,134	567
3.....	37,167	3,098	1,549	1,430	715
4.....	44,863	3,739	1,870	1,726	863
5.....	52,559	4,380	2,190	2,022	1,011
6.....	60,255	5,022	2,511	2,318	1,159
7.....	67,951	5,663	2,832	2,614	1,307
8.....	75,647	6,304	3,152	2,910	1,455
9.....	83,343	6,946	3,473	3,206	1,603
10.....	91,039	7,587	3,794	3,502	1,751
11.....	98,735	8,228	4,114	3,798	1,899
12.....	106,431	8,870	4,435	4,094	2,047
13.....	114,127	9,511	4,756	4,390	2,195
14.....	121,823	10,152	5,076	4,686	2,343
15.....	129,519	10,794	5,397	4,982	2,491
16.....	137,215	11,435	5,718	5,278	2,639
Each Add'l Family Member, add	+7,696	+\$642	+\$321	+\$296	+\$148

Revised 4/2015

**GEORGIA WIC PROGRAM
CT-14: NOTICE OF TERMINATION / INELIGIBILITY / WAITING LIST (ENGLISH)**

DATE: _____

NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/ZIP CODE:	PHONE NUMBER:
TERMINATION/INELIGIBILITY SECTION: <input type="checkbox"/> You are not eligible for the Georgia WIC Program because you: <input type="checkbox"/> You are being terminated from Georgia WIC because you: _____ have an income that is too high for the Georgia WIC Program. _____ do not live in the area served by the Georgia WIC Program. _____ are not pregnant, postpartum, or breastfeeding woman; child under five (5) years. _____ do not have a medical/nutritional health problem. _____ did not return to the clinic for your recertification appointment on _____ (date). _____ did not pick-up your food vouchers for two (2) months. You will be terminated on _____ (date). _____ Fund are not available to serve postpartum non-breastfeeding women. Other _____	
SUSPENSION SECTION: <input type="checkbox"/> You are being suspended from the Georgia WIC Program for three (3) months because you broke the following Georgia WIC Program rule(s)	
WAITING LIST SECTION: <input type="checkbox"/> You are being placed on a waiting list. Funds are not available to serve priority(ies)_____. You are in priority_____. <ul style="list-style-type: none"> • You may still receive nutritional education and other services provided by the Health Department. • If you need information or would like to discuss this decision, please contact Georgia WIC at the address below: 	
FAIR HEARING SECTION: You have a right to a fair hearing if you do not agree with the reason for your termination/ineligibility or waiting list placement. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to: <div style="border-bottom: 1px solid black; width: 80%; margin-left: 20px; margin-bottom: 5px;">Georgia WIC Program</div> <div style="border-bottom: 1px solid black; width: 80%; margin-left: 20px; margin-bottom: 5px;">ADDRESS</div> <div style="display: flex; justify-content: space-between; margin-left: 20px; margin-bottom: 5px;"> </div> <div style="display: flex; justify-content: space-between; margin-left: 20px;"> CITY/ZIP CODE PHONE NUMBER </div>	
SIGNATURE/PARENT/CAREGIVER/GUARDIAN	WIC REPRESENTATIVE SIGNATURE/TITLE

"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer." Revised 3/14

EL PROGRAMA WIC DE GEORGIA
 CT-15: NOTICE OF TERMINATION/INELIGIBILITY/WAITING LIST FORM (SPANISH)
 NOTICIA DE DECONTINUACIÓN / INELIGIBILIDAD /LISTA DE ESPERA

Fecha: _____

NOMBRE: :	FECHA DE NACIMIENTO:
DIRECCION:	
CIUDAD / CODIGO POSTAL	NUMERO DE TELÉFONO:
<p>SECCIÓN DE DESCONTINUACION / DESCUALIFICACION:</p> <p><input type="checkbox"/> Usted no es seleccionada para el programa WIC porque:</p> <p><input type="checkbox"/> Usted ha sido descualificada del programa WIC porque:</p> <p>_____ Tiene un ingreso muy alto para el Programa WIC</p> <p>_____ No vive en el area servida por el Programa WIC</p> <p>_____ No es una mujer embarazada, acaba de dar a luz, esta dando pecho a su bebe; o tiene un _____ niño (a) menor de (5) años de edad.</p> <p>_____ No tiene problemas de salud o nutrición</p> <p>_____ No regreso a la clinica para su cita de qualification el _____ (fecha).</p> <p>_____ No recogió sus cupones para comida por 2 meses. Usted será descualificada el _____ (fecha).</p> <p>Otro _____ los fondos no son disponible para servir a mujeres desupés del parto no amamantando.</p>	
<p>SECCIÓN DE SUSPENCION:</p> <p><input type="checkbox"/> Usted ha sido suspendida del Programa WIC por tres (3) meses porque rompio la(s) siguiente(s) regla(s)</p>	
<p>SECCIÓN DE LISTA DE ESPERA:</p> <p><input type="checkbox"/> Usted ha sido puesta en la lista de espera. No hay fondos disponibles para servir la prioridad _____ . Usted esta en la proirdad _____</p> <ul style="list-style-type: none"> • Usted puedo recibir education nutritiva y otros servicios provistos por el Departamento de Salud. • Si necesita más información o quisiera discutir esta decision, por favor llame a la oficina del Programa WIC a la dirección abajo: 	

SECCIÓN DE JUICIO IMPARCIAL:

Usted tiene derecho a un juicio imparcial si no esta de acuerdo con la razon para la selección de su puesto en al Noticia de Decontinuación / Ineligibilidad / Lista de Espera. La petición para un juicio imparcial tiene que hacerce por escrito antes de 60 días a partir de la fecha de esta notificación. La petición debe ser dirigida a:

PROGRAMA WIC

DIRECCION

CIUDAD / CODIGO POSTAL

DE TELEFONO

Firma del Participante / Padre o Madre

Firma del Representante

El Departamento de Agricultura de los Estados Unidos (por sus siglas en ingles "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de genero, religion, represalias y, segun corresponda, convicciones politicas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia publica, o información genetica protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicaran a todos los programas y/o actividades laborales). Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en [aint_filing_cust.html](#), o en cualquier oficina del USDA, o Harne al (866) 632-9992 para solichar el formulario. Tambien puede escribir una carta con toda la informacón solicitada en el formulario. Envienos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov. Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Revised 3/14

CT-16: Paper Verification of Certification (VOC) Card



GEORGIA WIC PROGRAM
VERIFICATION OF CERTIFICATION (VOC) CARD
№ 001600

Participant / Parent /
 Guardian Signature _____

Signature of WIC Official _____

County / Clinic _____ Telephone Number _____

Clinic Address _____

This card must be accepted by all state and local agencies as a WIC Program Verification of Certification until expiration date.

PARTICIPANTS RIGHTS
 "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-6382 or (800) 795-3272 (TTY). USDA is an equal opportunity provider and employer."

DERECHOS DE LOS PARTICIPANTES
 "De acuerdo con la ley Federal de EEUU y la política del Departamento de Agricultura, esta institución está prohibida a discriminar por raza, color, origen nacional, sexo, edad o incapacidad.

Para hacer una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 llame al (202) 720-6382 o (800) 795-3272 (TTY). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades."

(FRONT)

PARTICIPANT CERTIFICATION INFORMATION

PARTICIPANT NAME _____

WIC I.D. NUMBER _____

DATE OF BIRTH _____

CERTIFICATION DATE _____

LAST DATE VOUCHERS WERE ISSUED _____

DATE CERTIFICATION EXPIRES _____

MEDICAL DATA DATE

HCT _____ HGB _____

HEIGHT _____ WEIGHT _____

FOOD PACKAGE _____ PRIORITY _____

EDC DATE _____

(BACK)

CT-17: Electronic Verification of Certification (EVOC) Card



Georgia WIC Program
Verification of Certification (VOC) Card



Valid only with BLACK WIC stamp. Do not duplicate

PARTICIPANT/PARENT/
 GUARDIAN SIGNATURE: _____

SIGNATURE OF WIC OFFICIAL: _____

CLINIC TELEPHONE# _____ CLINIC ADDRESS _____

This card must be accepted by all state and local agencies as WIC Program Verification of Certification until expiration date

PARTICIPANT RIGHTS

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PARTICIPANT CERTIFICATION INFORMATION

PARTICIPANT NAME: _____

WIC ID NUMBER: _____ DATE OF BIRTH: _____

CERTIFICATION DATE: _____

DATE CERTIFICATION EXPIRES: _____ LAST DATE VOUCHERS WERE ISSUED: _____

MEDICAL DATA DATE: _____ HGB: _____ HCT: _____

HEIGHT: _____ in and _____ 8ths WEIGHT: _____ lbs and _____ oz

FOOD PACKAGE: _____ PRIORITY: _____ EDC DATE: _____

NUTRITIONAL RISK CODE: _____

MOVING TO CITY: _____ MOVING TO STATE: GA

DATE OF LATEST INCOME ELIGIBILITY DETERMINATION: _____

CT-18: Electronic VOC Card Report (Example)

Georgia WIC Program

A List of VOC Cards By Clinic

Clinic	Participant/ Parent/ Guardian	Issued By/Date	Participant Address/ Phone Number	VOC_ID	Participant Name	WIC_ID	Mi- grant	Moving To City/State	DOB	Cert Date	Cert Date Expires	Height in/8ths	Weight lbs/oz	FPC	Pri- ority	EDC Date	Risk Code	Income Eligi- bility	
891	WILCOX, LYNN	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART, GA 31315 (912) 369-5066	091-891-1	WILCOX, NOAH	890935287-7-1	No	JESUP GA	1/21/2002	8/10/2004	2/10/2005	35 in and 2 8ths	27 lbs and 10 oz	604	3		201, 422, ,	8/10/2004	
891	WILCOX, MOTHER	3/16/2005 STAFF	6998 KILAY CT. FT. STEWART, GA 31315 (912) 369-5066	091-891-2	WILCOX, TANNER	890935287-7-2	No	JESUP GA	12/29/2000	8/10/2004	2/10/2005	40 in and 6 8ths	38 lbs and 13 oz	606	3		103, 201, 422, ,	8/10/2004	
891	MCFARLANE, FILICITY	3/24/2005 STAFF	7153 A GIMLET STREET FORT STEWART, GA 31314 (912) 369-2601	091-891-3	MCFARLANE, FILICITY	091903193-0-2	No	JESUP GA	1/11/1977	7/29/2004	1/29/2005	61 in and 2 8ths	125 lbs and 6 oz	406	1	8/13/2004	201, 311, 422, 601	7/29/2004	
VOIDED	VOIDED	VOIDED	(912) 369-2601	VOIDED	VOIDED	VOIDED		GA											

CT-19: VOC CARD INVENTORY LOG (CLINIC)
 GEORGIA WIC PROGRAM CLINIC VOC CARD INVENTORY LOG

DISTRICT _____ CLINIC _____

Date	Beginning No.	Ending No.	No. Received	Card No. Issued	Participants Name (Print)	WIC ID No.	Signature of Parent, Guardian or Caregiver	City State*	Total No. of Cards on Hand	Staff Signature	Staff Initials

Note: A Physical Inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log).

* If a migrant is issued a VOC card and is not moving, please place "Not Moving" in the column marked City/State.

LOCAL AGENCY VOC CARD INVENTORY LOG
 GEORGIA WIC PROGRAM
 CT-20: VOC CARD INVENTORY LOG (LOCAL AGENCY)

DISTRICT _____

Date	Beginning No.	Ending No.	No. Received	No. Issued	Clinic Name (Print)	Name of Clinic Representative	Total No. of Cards on Hand	Staff Signature	Staff Initials

Note: A Physical Inventory of VOC cards must be performed by the local agency and clinics quarterly. One staff member must conduct the inventory (sign the Log) and a second member must verify the accuracy of the inventory (initial the Log).
 Revised 3/12

GEORGIA WIC PROGRAM

CT-21: VOC CARD AGREEMENT

District _____, Unit _____ would like to have a clinic representative order VOC Cards directly from the Georgia WIC Program.

In order to accommodate this request, please complete the VOC CARD FORM, located in the Certification Section of the Georgia WIC Program Procedure Manual.

Signed _____ Date _____
Nutrition Services Director

IN SIGNING THIS FORM, I REALIZE THAT IF THE CLINIC REPRESENTATIVE CHANGES, I MUST CONTACT THE GEORGIA WIC PROGRAM TO INFORM THEM OF THE CHANGE.

GEORGIA WIC PROGRAM

CT-22: VOC CARD FORM

District _____, Unit _____

In an effort to begin sending VOC cards directly to the clinic from the Georgia WIC Program, the following form must be on record at the Georgia WIC Program.

- 1. Please list the information requested below:

CLINIC NAME/#	# OF VOC CARDS ISSUED (Three Month Period)	STAFF PERSON (Clinic Representative)

- 2. How many cards do you currently have on hand at the District Office? _____

CT-23: WIC Ordering Form
WOMEN INFANT AND CHILDREN (WIC)
ORDERING FORM

SEND TO: _____
(NAME OF OFFICE)

(STREET ADDRESS)

(CITY) (STATE) (ZIP CODE)

COUNTY: _____ (NAME) _____ (NUMBER)

DATE: _____

STATUS BOX

B O	BACKORDER – DO NOT REORDER	V	VOID PREVIOUSLY SHIPPED
C	QUANTITY CUT	M	MUST BE PRINTED BY DISTRICT
N	NOT STORED AT THE STATE	D	DISCONTINUED

Name of Form	Form #	Quantity	Description

COMMENTS SECTION: _____

ORDERED BY: _____

TELEPHONE: _____

SIGNATURE OF STATE REPRESENTATIVE: _____
DATE: _____

CT-24: State/District/Clinic Transmittal Form

**GEORGIA WIC PROGRAM
STATE/DISTRICT/CLINIC TRANSMITTAL FORM**

The State/District Clinic Transmittal Form is a three (3) part form used to transmit VOC Cards from the Georgia WIC Program to the Clinic. This Form must be signed by clinic staff within five (5) days of Receipt then returned to sender. The Georgia WIC Program will forward orders of VOC Cards within five (5) days of receipt.

State Use Only
District Name/ #: _____
Clinic Name/ #: _____
Staff Name/Title Making Request: _____
Date of Request: _____ # of Card(s) Sent: _____
Signature of Requesting State
Staff: _____
Serial # of Card(s) Mailed: _____ Mailed To: _____

Clinic Use Only
Date VOC Card(s) Received: _____ Date
of Card(s) Received: _____
Serial # of Card(s) Received: _____ to: _____
Signature of Staff Requesting/Receiving VOC Card(s): _____
Signature
Date Copy Sent to State/District Office: _____ Date

CT-25: Right from the Start Medicaid

MEDICAID
INFORMATION*Right from the Start Medicaid (RSM)*

What is Right from the Start Medicaid?

RSM provides Medicaid coverage for pregnant women and children under the age of 19. Income limits are higher than those of Temporary Assistance to Needy Families (TANF) and Medically needy programs.

Working families may be eligible even if both parents live in the home or if other insurance coverage is in place.

How do I Apply?

Persons should contact their county Department of Family and Children Services (DFCS) or their county health department. Outreach workers will also take applications at other community locations and will make home visits if necessary. RSM staff members are available during non-traditional hours (before 8 a.m. and after 5 p.m., including weekends) so that work, school, and childcare are not a problem.

For more information on application sites, please contact your local health department or the Right from the Start Medicaid Project office: (404) 657-4085.

CT-26: THERE IS NO CHARGE (flyer)

THERE IS NO CHARGE FOR WIC SERVICES



GEORGIA WIC PROGRAM

PROMOTING HEALTHLY NUTRITION FOR WOMEN, INFANTS AND CHILDREN SINCE 1974

1-800-228-9173

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Revised 3/14

Georgia WIC Program
CT-27: VERIFICATION OF RESIDENCY AND/OR INCOME FORM

Household Section:

I, _____, have the person(s) listed below living with me.
Print Name

Name of WIC Applicant(s): _____ Address: _____

Including the applicant(s) listed above, I have _____ of people in my family. ("Family" means related or non-related individuals living together.)

I give the above listed applicant(s) permission to bring my family's documentation of income (example: pay stub) and residency to the Georgia WIC Program. This information is attached.

Signature Date

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Clinic Section:

This form must be returned on _____ to _____

WIC Official Date

WIC Official Date Received

WE RESERVE THE RIGHT TO VERIFY THIS INFORMATION, IF NECESSARY.

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GEORGIA WIC PROGRAM
CT-28: NO PROOF FORM

The Georgia WIC Program requires each applicant to show documentation of identification, residence (address), and income to be eligible for the Georgia WIC Program. This form is to be completed by those who cannot get documentation, such as paycheck stub. Please read the following statement before completing this form.

I understand that by completing, signing, and dating this form, I am certifying that the information I am providing below is correct. I understand that intentional misrepresentation may result in paying the state agency, in cash, the value of the food benefits improperly received.

1. Completion of this form is for: Income Address Identification (circle the appropriate proof (s))

2. Who do you work for? How much did you make last month?

_____ \$ _____

List working family members: How much did they make last month?

_____ \$ _____

_____ \$ _____

_____ \$ _____

(Family means related or non-related individuals living together)

3. Reason for No Documentation:

List family members applying for WIC: _____

_____ (Signature of Applicant) _____ (Date)

_____ (Signature of Clinic Staff) _____ (Date)

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Revised 3/14

CT-29: FAMILY PLUS MEDICAID CARD

BENEFIT DESCRIPTION		CO-PAY	FamilyPlus*	
COPAYS		RX USE ONLY		
OV	\$0	BIN # 600426	MEMBER #	EFF DATE
SP	\$0	PCN #6F	403967045P	02/01/98
ER	\$0	1 (800) 433-4893		
UC	\$0		GROUP# M00101	BIRTH SEX
RX	\$0		MEDICAID OF GA	06/03/94 F
AFD			(404) 525-0600	

*CALL YOUR PCP TO COORDINATE

*ATLANTA CHILDREN'S HEALTH NETWORK

*ALL OF YOUR HEALTHCARE NEED

*The family of health plans that fits.

**GEORGIA WIC PROGRAM
CT-30: DISCLOSURE STATEMENT**

All Health Department Staff who performs WIC services must complete this form.

County _____

Name (Please print) _____, Title _____

Are you a WIC Participant? _____ Yes _____ No

Do any of the following relatives or household members participate in Georgia's WIC?

Children, grandchildren, sisters, brothers, nieces, nephews, aunts, uncles, parents, spouses, first cousins, in-laws or any person who lives in your household.

_____ Yes _____ No

Name of your relative or household member	Relationship*	Date of Cert.	Date of Birth

(If more space is needed, list on back)

I certify that the above information is correct.

Signature/Title

Date

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USDA is an equal opportunity provider and employer.”

Revised 3/14

GEORGIA WIC PROGRAM
 CT-31: INCOME CALCULATION FORM

(This form must be completed if applicant does not qualify for Adjunctive eligibility)

WIC ID NUMBER: _____

First Last Middle Initial Date of Birth
 NAME

Code City Zip
 ADDRESS

Documentation of Income must be completed for an applicant who does not qualify for adjunctive eligibility.

Use This Section to Calculate Income

First Certification
 Date _____

Relationship and Name Family Member's Income?	Income Source	What Is Each
(circle one)		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		

Other Income – Is there other regular income or contributions received by the family (i.e., unemployment, child support)?

_____ \$ _____
 Weekly/Bi-Weekly/Monthly/Yearly

_____ \$ _____
 Weekly/Bi-Weekly/Monthly/Yearly

\$ _____ Total Applicant's Income (Weekly/Bi-Weekly/Monthly/Yearly)
 No. In Family _____

IS THE CLIENT INCOME ELIGIBLE? YES NO (Transfer total to the Certification Form)

Use This Section to Calculate Income

First Certification Date _____

Relationship and Name Member's Income?	Income Source	What Is Each Family
(circle one)		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
Other Income – Is there other regular income or contributions received by the family (i.e., unemployment, child support)?		
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
_____	_____	\$ _____
Weekly/Bi-Weekly/Monthly/Yearly		\$ _____
\$ _____ Total Applicant's Income (Weekly/Bi-Weekly/Monthly/Yearly)		
No. In Family _____		
IS THE CLIENT INCOME ELIGIBLE? YES <input type="checkbox"/> NO <input type="checkbox"/> (Transfer total to the Certification Form)		

I have been advised of my rights and obligations under the Program. I certify that the information I will provide, or have provided is correct, to the best of my knowledge. The income I have given is my total gross income (all cash income before deductions). This certification form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information on this form. I understand that intentionally making a false statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law. I understand that the WIC Program may give my certification information to other health or public assistance agencies to see if my family is eligible for their services. I understand that these agencies may contact me, but they may not give my information to anyone else without asking my permission.

PARENT/GUARDIAN/CAREGIVER SIGNATURE	DATE	SIGNATURE OF WIC OFFICIAL (Who assessed income)

Please place this form in the Client's Medical Record behind the Certification Form.

"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer

CT-32: IDENTIFICATION, RESIDENCY & INCOME PROOF LIST (ENGLISH)

Help WIC help you!

“Proof of ID, residency and income is needed for each applicant/participant/guardian/caregiver and infant/child”. Please call your local WIC department for any questions you may have. Whenever your child, infant or you need be certified for WIC, you must present proof of each of the following categories:

**Proof of Identifications
(One form of proof required)**

Infant:	Child:	Women:
Birth Certificate	Birth Certificate	Birth Certificate
Confirmation of birth letter	Immunization Record	Driver's License
Hospital ID bracelet (mom & baby)	Health Records	Immunization Record
Immunization Record	Social Security Card	Military ID
Military ID	Military ID	Health Records
Health Records	EVOC/VOC Card (with Additional ID)	Hospital ID bracelet (mom & baby)
Social Security Card	Passport Card/Passport	Social Security Card
Discharge of hospital papers		State ID/School ID
EVOC/VOC Card (with Additional ID)		EVOC/VOC Card (with Additional ID)
Passport Card/Passport		WIC ID
Georgia WIC Referral Form #2 (Hospitalized Newborns Only)		Work ID
		Passport Card/Passport

**Proof of Residency (Address)
(One form of proof required)**

Cable TV Bill	Gas Bill	Telephone Bill
Electric Bill	Water Bill	Rent/Mortgage Receipt
Medicaid (address must be visible during swipe or internet access)		Health Record

(P.O. Box address is not acceptable)

**Proof of Income
(Bring proof of Income for each household member)**

Alimony	Rental Income (Net)	Government Retirement
Pay Stub	Dividends or Interest on Bonds	Unemployment Compensation
Annuities	Self Employment (Net Income)	Letter from your Employer
Pensions	Estate Income	Unemployment Notice
Basic Allowance from Private Pensions	Social Security	Medicaid
Child Support Payments	Financial Records	Military Retirement
Public Assistance/Welfare Payments (TANF)	Supplemental Social Security	Veteran's Payment
Contribution from people	Supplement Nutrition Assistance Program (SNAP)	Monetary Compensation
Current Tax Return	Trust	Net Royalties

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the

form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
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Revised 4/14

CT-33: IDENTIFICATION, RESIDENCY AND INCOME PROOF LIST (SPANISH)

LISTA DE IDENTIFICACIÓN, RESIDENCIA Y COMPROBANTE DE INGRESOS
Ayude a que WIC le ayude!

"Comprobantes de identidad, residencia e ingresos son necesarios para cada solicitante, participante, representante legal, proveedor de cuidados y para niños y bebés". Favor de llamara a su oficina local de WIC en caso de tener alguna pregunta.

Cada vez que su niño(a), infante o usted necesite certificarse para WIC, usted debe presentar comprobantes de cada una de las siguientes categorías:

Comprobantes de Identificación
(Se requiere un tipo de comprobante)

Infante:	Niño(a):	Mujeres:
Certificado de nacimiento	Certificado de nacimiento	Certificado de nacimiento
Carta de confirmación de nacimiento	Historial de inmunizaciones	Licencia de conducir
Bracelete de identificación del hospital (madre y bebé)	Historial de salud	Historial de inmunizaciones
Historial de inmunizaciones	Tarjeta de Seguro Social	Identificación militar
Identificación militar	Identificación militar	Historial de salud
Historial de salud	Tarjetas EVOC/VOC (con identificación adicional)	Bracelete de identificación del hospital (madre y bebé)
Tarjeta de Seguro Social	Tarjeta de pasaporte/pasaporte	Tarjeta de Seguro Social
Documentos de dada de alta del hospital		Identificación estatal, identificación escolar
Tarjetas EVOC/VOC (con identificación adicional)		Tarjetas EVOC/VOC (con identificación adicional)
Tarjeta de pasaporte/pasaporte		Identificación de WIC
		Identificación laboral
		Tarjeta de pasaporte/pasaporte

Comprobantes de Residencia (Dirección)
(Se requiere un tipo de comprobante)

Recibo de televisión por cable	Recibo de gas	Recibo de teléfono
Recibo de electricidad	Recibo de agua	Recibo de alquiler / pago de hipoteca
Medicaid (la dirección debe ser visible en la corrida o acceso por internet)		Historial de salud

(No se aceptan direcciones a cajas postales o P.O. Box)

Comprobantes de Ingresos

(Traiga comprobantes de ingresos para cada miembro del hogar)

Pensión alimentaria entre cónyuges	Ingresos por renta (neto)	Retiro gubernamental
Talones de pago	Dividendos o intereses por bonos	Compensación por desempleo

Anualidades	Empleo Independiente (Ingreso Neto)	Carta del empleador
Pensiones Contribución básica proveniente de pensiones privadas	Ingreso estatal Seguro Social	Notificación de desempleo Medicaid
Pagos de manutención infantil	Historial financiero	Retiro militar
Asistencia pública/bienestar	Seguro Social suplementario	Pago de Veterano
Pagos (TANF)	Documentación Suplemento Nutrición Asistencia Programa (SNAP)	Compensación monetaria
Contribuciones provenientes de personas Declaración actual de impuestos	Fideicomiso	Regalías netas

El Departamento de Agricultura de los Estados Unidos (por sus siglas en ingles "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de genero, religion, represalias y, segun corresponda, convicciones politicas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia publica, o información genetica protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicaran a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en

http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o Harne al (866) 632-9992 para solichar el formulario. Tambien puede escribir una carta con toda la informacóin solicitada en el formulario. Envienos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Revised 3/14

GEORGIA WIC PROGRAM
CT-34: Thirty (30) Day Certification/Termination Form

This Thirty (30) Day Certification Form allows you to be on the Georgia WIC Program for thirty (30) days only. The certification period will be extended if the required documentation is brought back to the clinic within 30 days and eligibility is confirmed.

DATE _____

NAME:	DATE OF BIRTH:
ADDRESS:	
CITY/ZIPCODE:	PHONE NUMBER
<p>____ You will be terminated from the Georgia WIC Program if you fail to bring in the following information by _____.</p> <p align="center">(date)</p> <p>Proof of:</p> <p>____ Family Income or ____ Medicaid, TANF or Supplemental Nutrition Assistance Program (SNAP) Documentation (check one)</p> <p>____ Identification – Client ____ Identification – Parent/Guardian ____ Residency</p> <p>WIC Representative _____ Date _____</p> <p>FAILURE TO BRING THIS DOCUMENTATION TO THE HEALTH DEPARTMENT ON OR BEFORE THE ABOVE DATE WILL RESULT IN TERMINATION FROM THE GEORGIA WIC PROGRAM</p>	
<p>____ You are being terminated from the Georgia WIC Program because you have been found to be over income. WIC Representative _____ Date _____</p>	
<p>FAIR HEARING SECTION:</p> <p>You have the right to a fair hearing if you do not agree with the reason for your termination. A request for a fair hearing must be made within 60 days of the date of this notice. Fair hearing requests should be addressed to:</p> <p align="center">_____</p> <p align="center">Georgia WIC Program</p> <p align="center">_____</p> <p align="center">Address</p> <p align="center">_____</p> <p align="center">City/Zip Code Phone Number</p>	
<p>_____ Signature/Parent/Caregiver/Guardian</p>	<p>_____ WIC Representative Signature/Title</p>
Participant	

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CT-35: Department of Defense WIC Overseas Program VOC Card

Session Date: _____ Participant's Name: _____

Participant Profile Report/Verification of Certification Card (VOC)

Address 1:			Address 2:			Participant Type:					
Gender:			DOB:			Education:			Category:		
Marital:			Unit Phone #:			Home Phone:					
Participant ID:			Language:			Race/Ethnic:					
Spouse/Parent Guardian Name:						Home Phone:					
Address 1:			Address 2:			Unit Phone:					
Annual Income:			Primary Source:			Econ. Unit:					
Sponsor Name:						Home Phone #:					
Sponsor Address 1:			Sponsor Address 2:			Unit Phone #:					
Relationship:			UIC:			DEROS:					
Authorized Proxy:											
Encounter Type:			WIC Site ID:			Begin Cert Date:			End Cert Date:		
Height:			Weight:			Hematocrit:			Date of Measurement:		
BMI:											
Nutrition Risks:			Priority:			EDD:					
Nutrition Education:			Date Provided:			Health Care Source:					
Food Prescription ID:											
FI One: xxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx			FI Two: xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx			FI Three: xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxxxx					
Food Instrument Issued for Dates:											

Participant Rights and Obligations:

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I understand I have a right to appeal any decision which I am aggrieved. This certification form is being submitted in connection with the receipt of Federal funds. Program officials may verify information on this form. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and federal law. I hereby certify that I am not currently enrolled in any other WIC or WIC Program. I understand that to do so would be deliberate misuse of program benefits and could result in the loss of these benefits.

Participant or Parent/Guardian
Signature:

Date:

Competent Professional
Authority:

Print Name:

CT-36: WIC OVERSEAS PROGRAM CONTACTS
(as of April 2001)

- Lakenheath, England -- Nancy Czarzasty
nancy.czarzasty@lakenheath.af.mil
- Yokosuka, Japan -- Yokosuka Naval Hospital, Honshu, Japan –
Gina Gagui
gaguig@nhyoko.med.navy.mil
- Baumholder, Germany -- LTC Barbara Fretwell
barbara.fretwell@cmtymzil.104asg.army.mil
 - Kadena Air Force Base – Theresa Reiter
theresa.reiter@kadena.af.mil
 - Camp Foster --- Emily Bartz
okibartz@konnnect.net
 - Camp Courtney --- Theresa Reiter
wicoc@mcbbutler.usmc.mil
 - Camp Kinser --- Emily Bartz
okibartz@konnnect.net
- Guantanamo Bay, Cuba -- Dana T. Martin
dtmartin@gtmo.med.navy.mil

For further questions regarding a WIC Overseas Program contact and/or email address, please visit DoD/Tricare's Web Site at <http://www.tricare.osd.mil> for updated information or contact:

Choctaw Management/Services Enterprise
2161 NW Military Drive, Suite 308
San Antonio, Texas 78213
Phone: 1-877-267-3728 (toll-free number)
Fax: 210-341-3455
Email: jbrewer@cmse.net

CT-37: PROOF OF RESIDENCY FORM FOR APPLICANTS WITH P.O. BOX ADDRESS

The WIC applicant must complete this form when giving a post office box address:

Directions to House

<hr/> Participant Signature	<hr/> Date
<hr/> Participant Signature	<hr/> Date
<hr/> Participant Signature	<hr/> Date

This form must be filed in the applicant/participant’s health record.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

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Revised 3/14

CT-38: INCOME VERIFICATION LETTER

Date

Dear Mr/Ms:

It has been brought to the attention of the Georgia WIC Program that the income reported in the clinic may not be accurate. In order to qualify for the Georgia WIC Program, you must meet the income guidelines of the Georgia WIC Program.

Please bring in proof of family income on your next clinic appointment on _____ at _____ a.m./p.m. At that time, you may bring either a copy of your most recent pay stub, a letter from your employer verifying your current wages, a copy of your most recent federal tax return, or a verification letter from the local welfare office. Failure to do so will result in termination from the Georgia WIC Program, an investigation may require you to pay the State Agency in cash the value of the benefits improperly issued to you or your family member(s).

Sincerely,

Title

c:

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CT-39: INCIDENT/COMPLAINT FORM

District/Unit/Clinic:		County:	
Date of Incident:		Date Reported:	
Follow-Up Date:			
Type of Complaint:			
Sub Category 1:		Sub Category 2:	
Participant <input type="checkbox"/>	Proxy <input type="checkbox"/>	Wait Time <input type="checkbox"/>	Stolen Vouchers <input type="checkbox"/>
		Fraud(Buy/Sell/Dual) <input type="checkbox"/>	Shelf Prices <input type="checkbox"/>
Vendor <input type="checkbox"/>	Civil Rights <input type="checkbox"/>	Vendor <input type="checkbox"/>	Transfer <input type="checkbox"/>
Local Agency/State WIC Office Staff <input type="checkbox"/>		Formula <input type="checkbox"/>	Clinic Closing <input type="checkbox"/>
Anonymous <input type="checkbox"/>		Food Package Change <input type="checkbox"/>	Other <input type="checkbox"/>
			Participant <input type="checkbox"/>
<u>Person Filing Complaint</u>		<u>Local Agency/State WIC Office Staff</u>	
<u>Participant information</u>		<u>Vendor Information</u>	
Name:	Name:	Vendor/Vendor #:	Staff Name :
Phone:	Guardian:	Employee Name:	Phone:
	Phone:	Title:	Staff Name :
		Phone:	Phone:
Incident/Complaint:			
Local Agency Resolution:		Can the complaint be closed at the Local Agency? Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: Date:	
State Office of Nutrition and WIC Resolution/Comments:		Can the complaint be closed at the State Office of Nutrition and WIC? Yes <input type="checkbox"/> No <input type="checkbox"/> Signature: Date:	
Follow-up Report:			
Office of Nutrition and WIC, Customer Service Coordinator: Date:			

Revised 4/11/12

GEORGIA WIC PROGRAM

CT-40: How to File a Complaint (Flyer)



If you feel you have been treated unfairly, please let us know by using the information listed below. The Georgia WIC Program will assist you as well as notify the proper authorities if necessary.

ANY COMPLAINT

You may call Georgia WIC Program about any complaints at the toll free phone number: 1-800-228-9173 and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303

DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact the Georgia WIC Program by calling the toll free number 1-800-228-9173, and/or write about your complaint to the address below:

Georgia WIC Program Policy Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303

And/or you may contact the Federal Office of Adjudication directly by calling the phone number below:

1-866-632-9992

and/or you may write the Office of Adjudication at the address below:

Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9140

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GEORGIA WIC PROGRAM
CT:41 REQUEST FOR WIC SERVICES LOG
PHONE CALLS/WALK-INS

Name	Address/Telephone Number	P/B/PP Infant/ Child	Date Service Requested	Date of Appointment	Prenatal Re- Appointments	Date Appointment Rescheduled

CT-41: Request for WIC Services Log

Revised 3/12

GEORGIA WIC PROGRAM
CT-42: WIC Interview Script

Georgia WIC Program is a nutrition program for Women, Infants and Children who have nutritional needs and are income eligible. Eligible program enrollees receive:

- Nutrition assessment
- Nutrition education
- Healthy foods (milk, eggs, cheese, juice, cereal, peanut butter, dried beans or peas, carrots, tuna and infant formula)
- Support for breastfeeding moms
- Referral to other health and social services

You may qualify for WIC if you:

- are pregnant, just had a baby, is breastfeeding a baby, or have small children under age 5;
- have a moderately low family income, even if you work; and
- have a documented nutrition-related medical need;
- and live in the State of Georgia.

The following information is being asked for statistical purposes and the answers will have no effect on the receipt of WIC services

Are you a Migrant Farmworker*? _____ Yes _____ No

*A Migrant Farmworker is an individual whose principal employment is in agriculture on a seasonal basis, who has been employed within the last twenty-four (24) months and who establish for the purpose of such, a temporary abode.

Are you Hispanic/Latino? _____ Yes _____ No

(Yes = A person of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin, regardless of race.)

What is your RACE ? *You may choose more than one race or all that apply.*

1. _____ White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
2. _____ Black or African American – A person having origins in any of the Black racial groups of Africa.
3. _____ Asian – A person having origins in any of the original people of the Far East, Southeast Asia, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
4. _____ American Indian/Alaska Native – A person having origins in any of the original people of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
5. _____ Native Hawaiian or Other Pacific Islander – A person having origins in any of the original people of Hawaii, Guam, Samoa, or other Pacific Islands.

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CT-43: Separation of Duty Form/District Office

Type of Certification (Home, Hospital, etc.)	Date of Certification	Was Any Information Missing? (Cert. , Voucher Receipt, Nutrition Information)	Name of Person who performed Certification	Nutrition Services Director or Designee's Name	Approved or Disapproved	Completion Date

(This form must be kept on file for 3 years plus current year)

CT-44: MILITARY INCOME INCLUSIONS AND EXCLUSIONS

BAH	BASIC HOUSING	DO NOT COUNT
BAS	SEPARATE RATIONS	TO BE COUNTED
BASE	BASE PAY	TO BE COUNTED
CAREER SEA PAY	CAREER SEA PAY	TO BE COUNTED
CLOTHING	CLOTHING ALLOWANCE	TO BE COUNTED (DIVIDE BY 12)
COLA	COST OF LIVING ALLOWANCE	DO NOT COUNT
FLPP	FOREIGN LANGUAGE PROFICIENCY PAY	TO BE COUNTED
FLY	FLY PAY	TO BE COUNTED
FSSA	FAMILY SUBSISTANCE SUPPLEMENTAL ALLOWANCE	TO BE COUNTED
FSP	FAMILY SEPARATION PAY	TO BE COUNTED
HDP	HAZARDOUS DUTY PAY	TO BE COUNTED
HFP	HAZARDOUS FIRE PAY	TO BE COUNTED
JUMP	JUMP PAY	TO BE COUNTED
SDP	SPECIAL DUTY PAY	TO BE COUNTED
SEB	SERVICE MEMBER ENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY 12)
SEP	SEPARATION PAY	TO BE COUNTED
SPEC	SPECIAL FORCES	TO BE COUNTED
SRB	STANDARD REENLISTMENT BONUS	TO BE COUNTED (DIVIDE BY 12)
TDY	TEMPORARY DUTY	TO BE COUNTED
REBATE	REBATE	DO NOT COUNT
TLA	TEMPORARY LODGING ALLOWANCE	DO NOT COUNT
FSH	FAMILY SEPARATE HOUSING	DO NOT COUNT
OLA	OVERSEAS LIVING ALLOWANCE	DO NOT COUNT
SAVE	FOREIGN DUTY PAY	TO BE COUNTED
CMAI	CIV CLOTHING MAINT ALLOWANCE	TO BE COUNTED (DIVIDE BY 12)
UEA	ONE TIME CLOTHING ALLOWANCE FOR WI	TO BE COUNTED (DIVIDE BY 12)
BAH	Basic Allowance Housing	DO NOT COUNT
LQA	Living Quarters Allowance	DO NOT COUNT
VHA	Variable Housing Allowance	DO NOT COUNT
OCONUS COLA	Overseas Continental United States Cost of Living Allowance	DO NOT COUNT

CT-45: Alternate Responsibilities

Dear WIC **Alternate:**

The Georgia WIC Program appreciates your help, respects your time and effort in assisting the Georgia WIC Program participants. As an alternate, it is vital that you follow the rules below:

1. An alternate is a person who acts on behalf of the participant. Authorized alternates may pick-up and/or redeem vouchers and may bring a child in for subsequent certifications.
2. An alternate is a person who is named by the WIC participant and given the participants WIC ID card when redeeming WIC Approved food item at the grocery store.
3. An alternate is a responsible person who the participant/parent/guardian/spouse/ caregiver depends on
4. When an alternate picks up vouchers or brings a child in for subsequent certification, the alternate must attend any required nutrition education classes and be able to provide health information for the participant(s).
5. An alternate must be at least sixteen (16) years old unless prior approval is obtained from the WIC staff.
6. An alternate must not pick up vouchers for more than two (2) families in the state of Georgia.
7. When redeeming vouchers at the grocery store, the alternate must have the WIC ID card and additional ID for themselves.

Documentation of an alternate is recorded on the Georgia WIC Program ID card. The name of the alternate is placed in the WIC participants file. The local agency will notify the WIC participant if the alternate is not listed within the WIC participants file.

Please contact the WIC participant if you can no longer serve as an alternate. The WIC participant must notify the WIC clinic of this change. If you have any questions pertaining to your new role, please ask the participant you are representing as an alternate.

Thank you in advance for what you will do to help the Georgia WIC Program.

Sincerely,

Georgia WIC Program Staff

The alternate must provide the following documentation and have knowledge of the below information when present for recertification appointments:

1. The Participant's WIC ID card
2. Parent/Guardian or Participant's current Medicaid, SNAP (formally Food Stamps) Letter or TANF Letter
3. If there is no proof of Medicaid, TANF, or SNAP, please provide proof of income (Pay Stubs, Alimony, Social Security, Child Support, Current Year Income Tax, e.g.)
4. Proof of Residency

5. Alternate Identification (Current) - Knowledge of child(ren) health and diet
6. Knowledge of alternate's responsibilities

Note: Alternates must also have additional ID when using vouchers at the grocery store.

"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer."

Revised 3/14

CT-46: Processing Standards Clinic Report

Name of District

Clinic Processing Standards Report
Time Period (ex: 1st Quarter 2015)

Clinic (List clinic name and number)	Met Processing Standards ? Yes or No	Number of Appointments Scheduled	Number of Appointments Not Meeting Standards	Percentage of Appointments Meeting Standards	* Reason for not Meeting Standards and Plans to Meet in the Future (if applicable)

*For clinics not meeting processing standards, an improvement plan must be submitted to the State WIC Office. Information in the plan must include reasons for not meeting processing standards, steps to improve (training, monitoring, contacting participants, etc.), timeframe, were strategies accomplished, and next steps.

CT-47: Covert Call Log

Clinic Covert Phone Call Log For Processing Standards
 District Name and Number
 FFY Year ___ Quarter

Clinic Name and Number	Processing Standards Met?	Date Call Made	Next Available Appointment Date	WIC Type	Name of Staff Who made Call

CT-48: Processing Standards Improvement Plan

District Name and Number
Processing Standards Improvement Plan
FFY _____ () Quarter

REASON*	STRATEGIES/ACTIVITIES EXPECTED OUTCOMES	POSITION RESPONSIBLE	TARGETED TIMELINE	ACCOMPLISHED YES/NO	NEXT STEPS
<p>What caused the deficiency and How Frequent Is It Occuring?</p> <p>(for each clinic not meeting processing standards give specific reason, ex: clinic closed due to weather, staff shortages)</p>	<p>Describe the tasks and/or steps developed to resolve the deficiency.</p> <p>(ex: extended hours when clinic re-opens, added more appointment slots, re-train staff, etc)</p> <p>Describe the districts expected outcomes at each interval.</p> <p>(see clients not able to be seen when office was closed, allow more appointment to be given on a specific day, ensure staff understand procedure, etc.)</p>	<p>The position responsible for the activity (ie, Clinic, District, Staff Person, Supervisor, etc)</p>	<p>The targeted task completion date for each strategy.</p> <p>(complete by December 2015)</p>	<p>Yes</p>	<p>How does the district plan to monitor if the tasks/steps taken have resolved the deficiency?</p> <p>Continue... Begin...</p>

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I. RIGHTS AND OBLIGATIONS OF WIC APPLICANTS/PARTICIPANTS

All FNS assistance programs must include a public notification system. The purpose of this system is to inform applicants, participants, and potentially eligible persons of the program availability, program rights and responsibilities, the nondiscrimination policy, and the procedure for filing a complaint. Accordingly, Georgia WIC Program applicants/participants have certain rights including, but not limited to, protection against discrimination and the right to a fair hearing when benefits are denied or terminated.

At each certification or subsequent recertification visit, the applicant/participant must receive an explanation of the following:

1. **Rights and Obligations Statement:** If an applicant/participant is an adult, she must read, or have read, and sign the Rights and Obligation Statement form (**see Attachments RO-1 and RO-1A**). See 7 CFR § 246.7(j)(2) and FNS Instruction 113-1, Section IX.A.1, Basis Elements of Public Notification: Program Availability. If an applicant/participant is an infant or child, the parent/caregiver/guardian/spouse or alternate parent must read, or have read, and sign the Rights and Obligation Statement form. A copy of the signed and dated Rights and Obligations Statement must be placed in the applicant's/participants medical record or scanned into electronic participant file. If a caregiver presents an infant or child for certification with no documents regarding change of custody, he or she must sign the Caregiver's Statement of Change Form (**see Attachment RO-4**) and a copy must be placed in the medical record.
2. **The illegality of dual participation:** All participants must have dual participation explained, including the consequences of being identified as a dual participant. See 7 CFR § 246.7(j)(1).
3. **Food Delivery System in the Local Area:** The local food delivery system must be explained to the adult applicant/participant or the parent/caregiver/guardian/spouse or alternate parent of an infant or child applicant/participant, including an overview of the Approved Food List and the local WIC-authorized vendors in the area. See 7 CFR § 246.7(j)(4). To access a listing of WIC-authorized vendors by District and County, visit <http://dph.georgia.gov/clinic-listing>, and select the link, "Clinics in Georgia".
4. **How to File a Complaint:** Applicants/Participants are to be informed of their right to file a complaint, how to file a non-discrimination complaint, and the complaint process. Applicants/Participants must also have explained to them that reports of discrimination alleged in a complaint will be investigated by the Office of Program Integrity and Strategy and/or the Office of Vendor Management at the State WIC Office will investigate reports of discrimination made. See 7 CFR §§ 246.8(a)(1) and (a)(4) and FNS Instruction 113-1, Section IX.A.1, Basis Elements of Public Notification: Complaint Information.

Each participant in the Georgia WIC Program has the right to be treated with courtesy while in either the Health Department WIC clinic or an authorized WIC vendor's store.

II. NONDISCRIMINATION STATEMENT

All information materials and sources, including web sites, used by the State and local agencies to inform the public about the WIC Program must contain a nondiscrimination statement. See

FNS Instruction 113-1, Section IX.A.3, Basis Elements of Public Notification: Nondiscrimination Statement; FNS Instruction 113-1, Section IX.B.2., Basis Elements of Public Notification: Methods of Public Notification; and USDA-FNS, WIC Policy Memorandum #2012-2. Examples of materials that are required to have the non-discrimination statement include, but are not limited to:

1. Notices of warning or adverse action to applicants/participants, local agencies, vendors, and employees or employment applicants. This includes items such as notices of ineligibility or disqualification, fair hearing procedures, and cards or letters for missed appointments.
2. All outreach and referral materials.
3. Web sites used to inform the public about the WIC Program. At the minimum, the nondiscrimination statement, or a link to it, must be included on the website's home page. See FNS Instruction 113-1, Section IX.A.3, Basis Elements of Public Notification: Nondiscrimination Statement.
4. Participant Identification (ID) Folder or Food lists for participants and vendors that describe the Georgia WIC Program participation requirements and benefits.
5. Letters of invitation to participate in the Public Comment process that are sent to vendors, Health Department staff, Advocates, organizations, other interested parties, and Media announcements of Public hearings.
6. Newsletters that convey WIC benefits and participation requirements.

The current nondiscrimination statement is:

English

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.”

Last Published: 10/23/2014

Per FNS WIC Policy Memorandum, #2012-12, and FNS Instruction 113-1, if materials are too small to permit the full non-discrimination statement to be included, the materials must, at a minimum, include the following statement in print size no small than the text: **“This institution is an equal opportunity provider.”** For items that identify the WIC Program, such as cups, buttons, magnets, and pens that identify the WIC Program, the non-discrimination statement is not required to be imprinted if impractical. Lastly, nutrition education and breastfeeding promotion and support materials **“that strictly provide a nutrition message with no mention of the WIC Program”** are not required to contain the non-discrimination statement.

Any local agency decision to modify the non-discrimination statement for use on all WIC-related materials must be approved by the State WIC Office. Therefore, the State WIC Office’s monitoring staff should be notified of and have the opportunity to review any public service announcements or media discussions concerning the Georgia WIC Program that are to be made by local agency WIC staff. When interviews are given, or radio and television public service announcements provided that are short in duration, the non-discrimination statement does not have to be read in its entirety. Rather, a statement, such as **“WIC is an equal opportunity provider.”** will meet the non-discrimination requirement. See FNS WIC Policy Memorandum, #2012-12. Please note that the Department of Public Health’s Division of Communications prepares a news release annually to publicize the availability of WIC benefits. The news release is distributed to newspapers statewide.

III. CIVIL RIGHTS

The State WIC Office and local agencies must take steps to inform the general public, potentially eligible populations, community leaders, grassroots organizations, and referral sources about FNS programs and applicable civil rights requirements. See FNS Instruction 113-1, Section IX.B. Method of Public Notification.

A. “And Justice for All” Poster

The “And Justice for All” poster must be prominently displayed in each WIC clinic. See FNS Instruction 113-1, Section IX.B.1, Method of Public Notification. The poster should have the non-discrimination statement in both English and Spanish and can be ordered from the State WIC Office.

B. Training

Civil Rights training must be provided annually or as requested for all state and local agency WIC staff. WIC staff includes those who operate as “frontline staff”, having direct interaction with Georgia WIC Program applicants/participants, those who supervise “frontline staff” and other WIC staff, and District staff. Civil rights training must be provided to new WIC staff prior to working in WIC clinics. A list of attendees and an agenda for each training session must be documented and kept on file for five (5) years plus the current year. It is recommended that civil rights tracking be completed within 30 days of employment as part of their orientation, but no later than six (6) months.

Note: When conducting any training/meeting, it is required that District/WIC Clinic and State agency staff ask if anyone needs any special accommodations.

Civil rights training may be conducted as formal trainings, through staff meetings or in-services, or as a training module. Civil Rights training shall include the following required subject matter:

1. Collection and use of data
2. Effective public notification systems
3. Complaint procedures
4. Compliance review techniques
5. Resolution of noncompliance
6. Requirements for reasonable accommodation of persons with disabilities
7. Requirements for language assistance
8. Conflict resolution
9. Customer service

See FNS Instruction 113-1 , Section XI. Civil Rights Training.

C. Data Collection and Reporting

The State Agency and local agencies must collect and report data by race and ethnicity on potentially eligible populations, applicants, and participants in their program service areas. See FNS Instruction 113-1, Section XII. Data Collection and Reporting.

Accordingly, each applicant/participant must be coded in the WIC computer system to identify race, ethnic group, migrant, and homeless status. To do this, local agency staff must:

1. Give each applicant/participant the opportunity to select one or more racial designations by using the Interview Script (**see Attachment CT-42**).
2. Request that the applicant/participant make a self-identification. When self- identification is made, the interviewer should make it clear to the applicant/participant that the information is for statistical use only and that no other use will be made of the information without their consent. If the applicant refuses to self-identify, **WIC staff will make the selection.**
3. Accept race information provided by applicants/participants without disputing their description regarding their race.

The "Ethnic Participation Summary Report" provides information on client participation by ethnic status and priority. The report records data by local clinic and summarizes the data by district/unit and state. This report should be reviewed and maintained in district/unit files.

1. Collection of Racial/Ethnic Data

In collecting the racial/ethnic data, the ethnicity data must be collected first. WIC staff must ask the applicant/participant if he/she is of Spanish origin or Hispanic or Latino. The applicant must then be given the option to select one or more

racial designations (See the Certification Section, WIC Assessment form for racial and ethnic categories).

2. Safeguarding Applicant/Participant Data Collected

The Georgia WIC Program does not allow any coding system on the outside of medical records, Tickler cards, appointment, or any other WIC documents which can openly distinguish applicants/participants by race, color, national origin, sex, age, and/or disability.

Data collected on potentially eligible persons, program applicants, and participants, specifically any identifiable information about applicants/participants must be maintained securely and accessible only to authorized WIC staff who have been determined to have a need to know. See 7 CFR § 246.26(d)(1).

The Georgia WIC Program must also comply with HIPAA requirements when safeguarding protected health information of applicants/participants. In many local agencies, charts have the participant's name and birth date on the outside label. In this instance, it is strongly recommended that either the birth date be removed, or applicant/participant files be situated in a manner that ensures that protected health information and confidential WIC participant information is not made available to the general public and others who are not authorized to access such information. This may be accomplished (as done in many hospitals) by turning the files to face away from the public's view. (For reference, see the Summary of the HIPAA Privacy rules.)

D. Discrimination Complaints

Participants seeking to file a discrimination complaint may submit a written complaint to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). See 7 CFR § 246.8(b). If the District office or a WIC clinic receives a discrimination complaint or an applicant/participant feels discrimination has occurred, a copy of the complaint must be forwarded to the Georgia WIC Program's Office of Program Integrity and Strategy, at Two Peachtree Street, Suite 10-293, Atlanta GA 30303.

1. Written Complaints

Individuals seeking to file a discrimination complaint may do so with USDA by submitting a written complaint to USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). See 7 CFR § 246.8(b). If the District office of WIC clinic receives a discrimination complaint, a copy must be sent to the Georgia WIC Program's Office of Program Integrity and Strategy, and WIC staff will submit the complaint to USDA via http://www.ascr.usda.gov/complaint_filing_cust.html to process. Local agencies must not process any discrimination complaint, and send all complaints to the Georgia WIC Program's Office of Program Integrity and Strategy. Complaints should include the name of the agency and/or the individual(s) whom the complaint addresses and a description of

the alleged violation. Anonymous complaints will be handled in the same manner as other complaints.

2. Verbal Complaints

In the event a complainant makes verbal allegations and cannot place such allegations in writing, the person to whom the allegations are made will write up the elements of the complaint for the complainant. The documentation must include the following:

- a. Name, address, and telephone number of the complainant.
- b. The specific location and name of the local agency and person(s) delivering WIC services.
- c. The nature of the incident or action that led to the complaint.
- d. The basis on which the complainant feels discrimination exists (e.g. race, color, national origin, sex, age, or disability).
- e. The names, titles, and addresses of persons who may have witnessed the discriminatory action.
- f. The date(s) during which the alleged discriminatory action occurred.
- g. Signature of the person recording the complaint.

See FNS Instruction 113-1, Section XV.C.4., Complaints of Discrimination: Verbal Complaints.

E. Accepting Complaints at the Service Delivery Point

Advise applicants and participants at the service delivery point of their right to file a complaint, how to file a complaint and the complaint procedures. Display the "How to File a Complaint" flyer (see certification section of the WIC Procedures Manual) at the service delivery point. Clinic staff must also offer the flyer to all applicants/participants at certification, mid-certification and mid-certification.

IV. PARTICIPANT COMPLAINT (OTHER THAN DISCRIMINATION COMPLAINT)

An applicant/participant may file a written or verbal complaint regarding staff or clinic treatment that is unrelated to discrimination or ineligibility/disqualification. Documentation of this complaint will be documented on the electronic Complaint Form (see Attachment CT-39).

V. FAIR HEARING PROCEDURES- WIC APPLICANTS/PARTICIPANTS

An applicant/participant who is the subject of a State or local agency action that results in the assessment of a claim for repayment of the cash value of improperly issued benefits, or results in the an individual's denial of participation, disqualification, suspension, or termination from the Georgia WIC Program has the right to a fair hearing. See 7 CFR § 246.9(a). The federal regulations require a State Agency to establish a system that allows an individual to appeal a State or local agency decision. See 7 CFR § 246.9(b). Accordingly, the Georgia WIC Program has adopted the following administrative process by which applicants/participants may appeal adverse decisions:

The Office of State Administrative Hearings (OSAH) is responsible for conducting a fair hearing when requested by an applicant/participant. OSAH, as the impartial administrative tribunal for the State of Georgia, is vested with full authority to conduct the fair hearing. **See O.C.G.A. § 50-13-41.** OSAH is responsible for conducting hearings in accordance with the Georgia Administrative Procedures Act, the Administrative Rules of Procedure, and **7 CFR § 246.18.**

The Administrative Law Judge shall:

1. Administer oaths and affirmations
2. Ensure that all relevant issues are considered
3. Request, receive and make part of the hearing record all evidence determined necessary to decide the issue(s) being raised
4. Regulate the conduct and course of the hearing consistent with due process to ensure an orderly hearing
5. Order, where relevant and necessary, an independent medical assessment or professional evaluation from a source mutually satisfactory to the appellant and the State agency; and,
6. Render a fair hearing decision which will resolve the dispute.

See 7 CFR § 246.9(i).

A. Notification of Appeal Rights and Preliminary Conference

An applicant/participant must be informed in writing of his/her right to a fair hearing and of the method by which a hearing may be requested. **See 7 CFR § 246.9(c).** The Notice of Termination/Ineligibility/Waiting List (NTIWL) Form is the official document that local agencies must use to notify applicants/participants of ineligibility, disqualification, suspension, or termination (**see Attachment CT-14 or CT-15**). For any suspension of disqualification that occurs during the certification period, the NTIWL Form must be issued to an applicant/participant **no less than fifteen (15) days BEFORE the suspension or disqualification.** **See 7 CFR (c) § 246.7(j)(6).**

When an applicant/participant requests a fair hearing (**See Section B, Request for a Fair Hearing, below**), the District Nutrition Services Director will need to conduct a preliminary conference with the applicant/participant to discuss the following:

1. The basis of the denial, disqualification, suspension, or termination;
2. The method by which a hearing may be requested; and,
3. The individual's position or arguments may be presented personally or by a representative such as a relative, friend, legal counsel, or other spokesperson.

See 7 CFR § 246.9(c).

If an applicant/participant decides not to submit a written withdrawal of his/her request for a fair hearing following the preliminary conference, the requisite documents will be filed with OSAH to initiate a fair hearing (**see Section C. Georgia WIC Program Record Summary Form**). State agency will conduct a preliminary conference with the applicant/participant prior to the actual hearing, **which will include a discussion of the**

hearing process, the time frame for issuance of fair hearing decisions, and any other information that is pertinent to the impending hearing.

B. Request(s) for a Fair Hearing

A request for hearing is defined as any clear expression by the applicant/participant or that individual's parent/guardian/caregiver or other representative, that an opportunity to present his/her case to a higher authority is desired. See 7 CFR § 246.9(d). A request for a fair hearing may be made verbally, or in writing. The State and local agency must not limit or interfere with the freedom of a WIC applicant/participant to request a hearing. Upon request, the local agency shall assist an applicant/participant in submitting a request for fair hearing. The local agency shall provide contact information for legal services that may be available to represent an appellant (an applicant/participant who requests a fair hearing to contest an adverse action).

The applicant/participant must request a fair hearing within sixty (60) days from the date the local agency issues the notice of adverse action to deny, disqualify, suspend, or terminate benefits. See 7 CFR § 246.9(e). If a request for a fair hearing is made within the fifteen (15) days advance notice of the adverse action, the applicant/participant must continue to receive WIC benefits until the Administrative Law Judge reaches a decision or the certification period expires, whichever occurs first. See 7 CFR § 246.9(g). This does not apply to applicants who are denied benefits at initial certification; participants whose certification period has expired; or participants who become categorically ineligible during a certification period. See 7 CFR § 246.9(g). For these applicants/participants, a request for a fair hearing must be made within sixty (60) days from the date of the adverse action and they will not receive WIC benefits during the pendency of the fair hearing. See 7 CFR § 246.9(g). The local agency shall promptly inform the individual, in writing, if participation status changes, pending the hearing decision. The Georgia WIC Program will discontinue all program benefits to categorically ineligible applicants/participants while awaiting appeal decision.

C. Georgia WIC Program Record Summary Form

Within three (3) business days of receiving an applicant's/participant's request for a fair hearing, the local agency must prepare a Georgia WIC Program Record Summary Form (**Attachment RO-2**) and an OSAH Form 1 (**Attachment RO-3**). The OSAH Form 1, a copy of the notice of adverse action, the documented request for a fair hearing, and a copy of the completed Georgia WIC Program Record Summary Form must be submitted to:

Department of Public Health
Georgia WIC Program, Office of Program Integrity & Strategy
RE: WIC Participant Request for Fair Hearing
Two Peachtree Street, 10th Floor
Atlanta, Georgia 30303

If a request for a fair hearing is initially submitted to the State WIC agency, a copy of the request will be immediately forwarded to the local agency.

When completing the OSAH Form 1, the local agency must enter its information and

point of contact's name and contact information in the section, CONTACT PERSON IN AGENCY; enter the information for the participant and his/her designated representative, if applicable, in the section, NON-AGENCY PARTY; and, enter the contact information for the points of contact for the State WIC Agency and Counsel for the Department of Public Health who have been assigned to represent the Georgia WIC Program. A "designated representative" is an individual, like an attorney or layperson (e.g., friend), who will present appellant's position at a fair hearing on behalf of the appellant.

Once a fair hearing is requested, the local agency is responsible for maintaining contact with the appellant, and must report promptly to the State WIC agency any change in appellant's circumstances, including changes in mailing address. As soon as the local agency receives notification that a hearing has been scheduled, the local agency's Nutrition Services Director shall immediately review the record to:

1. Re-examine the action of the local agency and the circumstances of the appellants to determine if an adjustment can be made.
2. Review appellant's eligibility on all points other than the point at issue.

All hearing requests, whether timely or not, must be submitted to the Georgia WIC Program. The local agency must secure any additional evidence necessary for the hearing.

D. Document and Record Disclosure Prior to the Hearing

The local agency must make available for examination by the appellant and/or designated representative prior to the fair hearing **all documents and records that will be presented at hearing to support the decision rendered.** See 7 CFR § 246.9(j)(1).

Upon request by the appellant or appellant's designated representative, the local agency shall make such documents and records available, without charge. Documents and records that were not relied upon to render the adverse action and that will not be presented at fair hearing cannot be made available for examination nor for reproduction by appellant and/or appellant's designated representative. Only WIC staff may make copies of such documents and records.

E. Pre-Fair Hearing Withdrawal of Request for a Fair Hearing or Retraction / Adjustment of Local Agency Adverse Decisions

If, during the course of a preliminary conference or any time before a fair hearing, the appellant and local agency reach a mutually satisfactory resolution, the local agency may retract or amend its adverse decision and the appellant may withdraw the request for a fair hearing in writing. See 7 CFR § 246.69(f)(2).

The local agency may amend or retract its decision regarding WIC applicant/participant eligibility at any time prior to the actual hearing, regardless of whether an appellant withdraws his/her request for a fair hearing. In the event of withdrawal, or amendment or retraction of an adverse decision, the local agency shall notify the State WIC agency

immediately by attaching a copy of the appellant's written withdrawal, amended decision, or written retraction along with a summary supporting the action taken.

F. Denial or Dismissal of a Request for a Fair Hearing

A request for a fair hearing shall not be denied or dismissed unless:

1. The request for hearing is not timely received within the sixty (60) day time limit.
2. The request is withdrawn in writing by the appellant or a representative.
3. The appellant or representative fails, without good cause, to appear at the scheduled hearing.
4. The appellant has been denied WIC participation by a previous hearing and cannot provide evidence that circumstances relevant to WIC eligibility have changed in such a way as to justify a hearing. **(See Attachment RO-2 for timeframes.)**

G. Notification of a Fair Hearing by OSAH

A fair hearing must be conducted within three (3) weeks or twenty-one (21) calendar days from the date the State WIC Office of the local agency received the hearing request. See 7 CFR § 246.9(j). The hearing must be accessible to the appellant. See 7 CFR § 246.9(j). At least ten (10) days prior to the hearing, the Office of State and Administrative Hearings will provide written notice to all parties of the date, time, and location of the hearing. **See Rule 9 of the Administrative Rules of Procedure.**

The Administrative Law Judge may change the time and place of the hearing upon his own motion or upon motion either or both parties, at which time the Administrative Law Judge will issue an Order to that effect to both parties apprising them of the new hearing date and/or location. **See Rule 6 of the Administrative Rules of Procedure.**

H. Conduct of the Hearing and the Appellant's Rights

During a fair hearing, the appellant will be provided an opportunity to:

1. Bring "and call" witnesses to provide testimony.
2. Advance arguments without undue interference.
3. Question or refute any testimony or evidence, including an opportunity to confront and cross-examine adverse witnesses.
4. Submit evidence to establish all pertinent facts and circumstances in the case.

See 7 CFR § 246.9(j).

The local agency shall have the same opportunities listed above. **The State/local agency has the burden of proof in all matters, except as it relates to affirmative defenses raised by Petitioner. See Rule 7(1) of the Georgia Administrative Rules of Procedure. The Administrative Law Judge's decision must be based on "the application of appropriate Federal law, regulations, and policy as it relates to the facts of the case as**

established in the hearing record.” See 7 C.F.R. § 246.9(k)(1).

I. The Hearing Decision and Notification of the Hearing Decision

The Administrative Law Judge’s Initial decision will be issued within thirty (30) days of closure of the hearing record. See O.C.G.A. § 50-13-41(c). The Initial decision will summarize the facts of the case, specify the reasons for the decision, and identify the supporting evidence and the relevant regulations or policy. See 7 C.F.R. § 246.9(k)(2). The decision shall become part of the hearing record.

The State WIC Office or the local agency must notify the appellant and/or his/her designated representative of the hearing decision **within forty-five (45) days of the receipt of the request for fair hearing**. However, if for any reason, the hearing was rescheduled or otherwise continued so that the hearing decision was rendered outside of the forty-five (45) day requirement, the State WIC Office or local agency must immediately notify the appellant and/or his/her designated representative of the decision. See 7 C.F.R. § 246.9(k)(3).

Either as part of the Administrative Law Judge’s Initial decision, or as part of the State WIC Office or local agency’s notification of the hearing decision to the appellant, the appellant must be notified of his/her right to appeal a local-level fair hearing decision. See 7 C.F.R. § 246.9(k)(3).

The local agency must take the following follow-up action based upon an Administrative Law Judge’s decision:

1. If the Initial decision is in favor of the appellant and benefits were denied or discontinued, benefits shall begin immediately. See 7 C.F.R. § 246.9(k)(3).
2. If the Initial decision concerns disqualification and is in favor of the agency, the local agency must terminate any continued benefits, as decided by the hearing official as soon as administratively feasible. See 7 C.F.R. § 246.9(k)(3).
3. If the Initial decision regarding repayment of benefits by the appellant is in favor of the agency, the State or local agency must resume its efforts to collect the assessed claim, even during pendency of an appeal of a local-level fair hearing decision to the State agency. See 7 C.F.R. § 246.9(k)(3).

J. The Hearing Record

The Administrative Law Judge shall maintain the official hearing record **until such time as the hearing record is transmitted to the State WIC Office, or referring agency**. The official hearing record will include:

1. The OSAH Form 1 and related attachments as the mandatory formal request for fair hearing.
2. All pleadings, motions, documents, and papers filed by the parties.
3. **All rulings, orders, and notices issued** by the Administrative Law Judge.
4. **All recordings or transcripts of oral hearings or arguments.**

5. All written direct testimony of witnesses.
6. All exhibit evidence offered and admitted into evidence that was considered by the Administrative Law Judge.
7. All proposed findings of fact, conclusions of law, and briefs.
8. The decision issued by the Administrative Law Judge.

See Rule 23 of the Administrative Rules of Procedure.

Following the entry of the Administrative Law Judge's decision, the hearing record, including the Initial decision and any tapes or other recordings of the hearing that have not yet been transcribed, will be transferred to the State WIC Office. See Rule 33 of the Administrative Rules of Procedure.

The transferred hearing record must be retained for a minimum of three (3) years from the date the Final Agency Decision is received by the applicant/participant, or until all issues are resolved, whichever is later. See 7 C.F.R. § 246.25(2). The State WIC Office and the local agency must make all hearing records and decisions available to the public for inspection. However, the federal regulations pertaining to the use and disclosure of confidential WIC applicant and participant information (e.g., name, contact information, etc.), found at 7 CFR § 246.26(d) through (i), must be adhered to. See 7 CFR § 246.9(k)(4).

K. Post-Hearing Appeal Rights of the Appellant

When an appellant expresses an interest in pursuing a higher level of review of an Administrative Law Judge's Initial decision, the local agency must explain any further level of review available of that decision. See 7 CFR § 246.9(l). If an appellant may appeal an Initial decision by seeking a Final Agency decision from the Department of Public Health's Reviewing Official. The Reviewing Official has thirty (30) days from entry of the Administrative Law Judge's Initial Decision in which to affirm, reverse, or modify that decision. See O.C.G.A. § 50-13-41(e). Therefore, appellant's request for a Final Agency Decision must be submitted within fifteen (15) days of the mailing date of the hearing decision notice.

If the decision being appealed concerns disqualification from the Program, the appellant shall not continue to receive benefits while an appeal to the State agency of a decision rendered on appeal at the local level is pending. The decision of a hearing official at the local level is binding on the local agency and the State agency unless it is appealed to the State level and overturned by the State hearing official. See 7 CFR § 246.9(k)(3).

The appellant and his/her designated representative shall be notified, in writing, of the Final Agency decision. An explanation of appellant's right to a judicial review of the Final Agency decision will be included in that notice. See 7 CFR § 246.9(l).

L. Fair Hearing Procedures-Migrants

Because migrant farm workers and their families may leave a program area after a very short time, it is important that fair hearing procedures for migrants be expedited by contacting them immediately for the hearing process. When a local agency receives a fair hearing request from a migrant, they should attempt to find out how long the migrant

will be in the service area and should convey this information to the State WIC agency.

M. State Rules of Procedure

The State agency shall provide and distribute upon request, to any interested party, that portion of the Georgia WIC Program Procedures Manual that outlines the Fair Hearing Procedures.

VI. NATIONAL VOTER REGISTRATION ACT

The National Voter Registration Act of 1993 (also known as “NVRA” and the “Motor Voter Act”) sets forth certain voter registration requirements with respect to elections for federal office. Section 7 of the NVRA requires States to provide voter registration through certain State and local offices, including those that provide public assistance, including SNAP, WIC, TANF, SCHIP and Medicaid. In compliance with the NVRA, State law has designated those offices in the state that provide public assistance to serve as voter registration agencies. See O.C.G.A. § 21-2-222(b)(1). To meet the requirements of the NVRA as a designated agency, the State and local agencies that administer the Georgia WIC Program must provide the following services:

1. Distribute the mail voter registration application form with each application, renewal, recertification and change of address transactions;
2. Provide a Voter Registration Declaration Statement form (see Attachment RO-5) with each voter registration application form distributed for completion;
3. Assist WIC applicants/participants with completing a voter registration application form;
4. Accept completed voter registration application forms from applicants/participants and transmit each completed application form to the Georgia Office of Secretary of State (SOS) within the prescribed time frame.

See O.C.G.A. § 21-2-222(d).

If the Georgia WIC Program were to offer any of the above transactions to be completed by mail or telephone or through the internet, the opportunity to register to vote at application, renewal, recertification and change of address transactions must still be offered.

The Voter Registration Declaration Statement (see Attachment RO-5) is a separate form that must be disseminated with the voter registration application form. The Statement form documents that an applicant/participant was offered an opportunity to register to vote, and his/her desire to register to vote or declination of the opportunity to register to vote. If an applicant/participant fails to complete the Statement, then he/she will be deemed to have declined to apply to register to vote. See O.C.G.A. § 21-2-222(g). These forms must be kept on file for a period of not less than twenty-four (24) months. The declination statement must be provided to each applicant/participant, along with the voter registration application form. See O.C.G.A. § 21-2-222(f)(2). The information relating to the declination to apply to register to vote is confidential and is not subject to public inspection. See O.C.G.A. § 21-2-222(h).

If an applicant/participant elects to apply to register to vote, then the local agency must offer an applicant/participant the same degree of assistance in completing a voter registration application as would be provided when completing WIC-related forms. See O.C.G.A. § 21-2-222(f)(3). At no time may WIC staff person who is assisting an applicant/participant with

completing a voter registration application engage in the following behaviors:

1. Seek to influence an individual's political preference or party registration;
2. Display any political preference or party allegiance;
3. Take any action or making any statement to an individual to discourage interest in registering to vote;
4. Take any action or making any statement that may lead the individual to believe that a decision to register or not to register has any bearing on the availability of or eligibility for WIC services

See O.C.G.A. § 21-2-222(k).

The State agency and/or local agency must accept completed voter registration applications and forward them to the Secretary of State at least once per week. See O.C.G.A. § 21-2-222(i). Completed voter registration applications received within fifteen (15) days a voter registration deadline must be transmitted to the Secretary of State by the close of each business day. See O.C.G.A. § 21-2-222(i). (The State of Georgia requires an individual to be registered thirty days before any election in which voting is to occur.)

Following these procedures ensures that the Georgia WIC Program is complying with Federal law and USDA guidelines. Please note that, according to USDA guidelines, a WIC applicant/participant need not be a United States citizen. However, the WIC applicant/participant must be a United States citizen to register to vote.

The local agencies are required to maintain statistical records on the number of voter registrations and declinations for submission to the Secretary of State upon request. See O.C.G.A. § 21-2-222(j). The Secretary of State prepares a quarterly WIC Voter Registration Report to determine local agency compliance. Failure to comply with the NVRA requirements could result in monetary penalties against an out-of-compliance local agency and the State of Georgia. Failure to comply could also result in enforcement action by the United States Department of Justice.

Voter registration supplies (e.g., voter registration applications, Voter Registration Declaration Statement, brochures, posters, etc.) can be found on the Secretary of States website, at http://sos.ga.gov/index.php/Elections/election_connection. To order voter registration supplies, you may contact your local County Board of Registrars Office. To find your County Board of Registrar's Office, visit <http://sos.ga.gov/cgi-bin/countyregistrarsindex.asp>, and select your county.

Attachments

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RO-1: Rights and Obligations (English)

<p style="text-align: center;">How to File a Complaint</p> <p>If you feel you have been treated unfairly, please let us know by using the information listed below. Georgia WIC will assist you as well as notify the proper authorities if necessary.</p> <p style="text-align: center;">ANY COMPLAINT</p> <p>You may call Georgia WIC about any complaints at the toll free phone number below: 1-800-228-9173 and/or write about your complaint to the address below: Georgia WIC Program Office of Integrity & Strategy 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303</p> <p style="text-align: center;">DISCRIMINATION AND/OR CIVIL RIGHTS</p> <p>If you feel that you have been discriminated against or that your civil rights have been violated, you may contact Georgia WIC by calling the toll free number 1-800-228-9173, and/or write about your complaint to the address below:</p> <p style="text-align: center;">Georgia WIC Program, Office of Program Integrity & Strategy 2 Peachtree Street, 10th Floor Atlanta, GA 30303</p> <p>And/or you may contact the Federal Office of Adjudication directly by calling the phone numbers below: 1-866-632-9992 and/or you may write the Office of Adjudication at the address below:</p> <p style="text-align: center;">Office of Adjudication 1400 Independence Avenue, SW Washington, DC 20250-9140</p> <p>"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)</p> <p>If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov</p> <p>Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).</p> <p>USDA is an equal opportunity provider and employer."</p>	<p>Your Responsibilities:</p> <ul style="list-style-type: none"> ▪ To keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible. ▪ To bring all documentation requested to each appointment. ▪ To treat WIC and store staff with courtesy and respect. ▪ To participate in only one WIC clinic at a time. If I move, I can ask for a transfer card. ▪ Choose WIC or CSFP (Commodity Supplemental Food Program) to participate in. A person cannot be on both programs at the same time. ▪ Follow the rules when using WIC benefits. WIC staff will tell me how to use the WIC Vouchers when I am put on the program. ▪ To buy only the foods listed on my WIC Vouchers. I will use the foods only for the person on the program. ▪ I understand that if my WIC vouchers are lost or stolen, they may not be replaced. ▪ To report any changes in my income, family size, or eligibility for Medicaid, Food Stamps, or TANF. <p>You may be taken off the WIC Program if:</p> <ul style="list-style-type: none"> ▪ You do not tell the truth about all the information you give to WIC. ▪ You get benefits from more than one clinic at a time. ▪ You/child participate in CSFP and WIC at the same time. ▪ You do not follow the rules when using your WIC Vouchers. ▪ You use abusive language or are physically violent with clinic staff, store personnel, or other WIC clients. ▪ If you attempt to sell WIC foods, breast pumps, benefits and/or WIC vouchers by making a verbal offer of sale to another person or posting the items for sale in print or online, or allow someone else to do it for you. ▪ You miss appointments for two consecutive months. ▪ You use your vouchers to buy food that is not on the authorized WIC food list. ▪ You exchange your WIC food items after purchase for any item(s) not listed on the voucher. ▪ You threaten clinic staff, state staff, store manager or cashiers and or/security in the clinic. Your threat will lead to possible termination or you losing the privileged of coming to the clinic. If you lose that privilege, a proxy will act on your behalf for your child. ▪ You solicit other participants to violate program rules, including the selling of their vouchers. ▪ You commit any crime in the WIC clinic or on the grounds of the clinic. ▪ Your designated proxy engages in any of the listed items above
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I understand all the information I have given will be protected. Information about my participation in WIC may be shared with other state of Georgia Department of Public Health programs. This information will only be used to help me get other health services and to learn how well these services meet my needs. My child's shot records may be shared with the statewide immunization registry. If I move to a different WIC service area, the eligibility information I have given will be shared with the WIC clinic in my new area so I can keep getting WIC benefits. WIC may release information about me or my child to me (the participant/caretaker).

I understand my rights and responsibilities to the WIC Program. The information I have provided is correct and the WIC staff may verify any of the information. I understand that if I have intentionally lied or if I violate the program rules that (1) I or my child can be taken off WIC for up to one year, (2) I can face legal charges, and/or (3) I will have to pay money back to the program for the foods or formula I should not have received.

Participant/Caregiver Signature _____ *Date* _____

RO-1A: Rights and Obligations (Spanish)
Derechos y Responsabilidades

<p>Cómo presentar una queja</p> <p>Si piensa que lo han tratado injustamente, notifíquelo usando la información indicada a continuación. El programa WIC de Georgia le ayudará también a notificar a las autoridades pertinentes, de ser necesario.</p> <p>QUEJAS</p> <p>Puede llamar gratis al programa WIC de Georgia acerca de cualquier queja, al número de teléfono señalado a continuación:</p> <p>1-800-228-9173 o escribir sobre su queja a esta dirección: Georgia WIC Program Office of Integrity & Strategy 2 Peachtree Street, Suite 10-293 Atlanta, GA 30303</p> <p>DISCRIMINACIÓN Y/O DERECHOS CIVILES</p> <p>Si usted cree que le han discriminado o que se han violado sus derechos civiles, puede comunicarse con Georgia WIC llamando gratis al número 1-800-228-9173, o escribiendo sobre su queja a la dirección siguiente:</p> <p>Georgia WIC Program, Office of Program Integrity & Strategy 2 Peachtree Street, 10th Floor Atlanta, GA 30303</p> <p>También puede comunicarse directamente con la Oficina Federal de Arbitraje (Federal Office of Adjudication), llamando al número de teléfono que aparece a continuación:</p> <p>1-866-632-9992 y/o puede escribir a la Oficina de Arbitraje (Office of Adjudication) a la dirección siguiente: Office of Adjudication 1400 Independence Avenue, SW Washington, DC 20250-9140</p> <p>El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).</p> <p>Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.</p> <p>Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).</p> <p>El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.</p>	<p>Sus Responsabilidades:</p> <ul style="list-style-type: none"> ▪ Ir a sus citas y llegar a tiempo. Si no puede ir a su cita, debe llamar a la oficina local de WIC para reprogramar la cita lo antes posible. ▪ Traer todos los documentos solicitados a cada cita. ▪ Tratar al personal de WIC y de la tienda con cortesía y respeto. ▪ Participar en una sola clínica de WIC al mismo tiempo. Si me mudo, puedo solicitar una tarjeta de transferencia. ▪ Seleccionar el programa WIC o Programa de Productos Alimenticios Complementarios (CSFP) en el que deseo participar. Nadie puede participar en ambos programas al mismo tiempo. ▪ Seguir las reglas mientras reciba beneficios de WIC. El personal de WIC me explicará cómo debo usar los Cupones de WIC cuando ingrese al programa. ▪ Comprar solo los alimentos que figuren en mis Cupones de WIC. Usaré los alimentos solamente para la persona que esté inscrita en el programa. ▪ Entiendo que no se pueden reemplazar mis cupones de WIC si se pierden o me los roban. ▪ Informar cualquier cambio en mis ingresos, número de miembros en la familia o derecho a recibir beneficios de Medicaid, Cupones de Alimentos o TANF. <p>Usted puede ser suspendido del programa WIC si:</p> <ul style="list-style-type: none"> ▪ No dice la verdad acerca de toda la información que proporcione a WIC. ▪ Recibe beneficios de más de una (1) clínica al mismo tiempo. ▪ Usted o su niño participa en CSFP y WIC al mismo tiempo. ▪ No sigue las reglas cuando usa los Cupones de WIC. ▪ Usa lenguaje abusivo o emplea violencia contra el personal de la clínica de WIC, el personal de la tienda de WIC u otros clientes de WIC. ▪ Intenta vender alimentos de WIC, bombas para extraer leche materna o cupones de WIC mediante una oferta de venta verbal a otra persona o anunciando los artículos para la venta en medios impresos o por Internet, o permite que alguien lo haga por usted. ▪ No va a sus citas durante dos meses consecutivos. ▪ Usa sus cupones para comprar alimentos que no están en la lista de alimentos autorizados por WIC. ▪ Intercambia sus alimentos de WIC después de comprarlos por algún artículo que no figura en el cupón. ▪ Amenaza al personal de la clínica, personal estatal, gerente de la tienda o cajeros, o el personal de seguridad en la clínica. Si usted hace una amenaza, es posible que se cancele su participación en el programa o pierda el privilegio de ir a la clínica. Si pierde dicho privilegio, podrá ir un apoderado en nombre de su hijo. ▪ Usted intenta que otros participantes violen las reglas del programa, incluida la venta de cupones. ▪ Comete un delito en la clínica de WIC o en los predios de la clínica. ▪ Su apoderado designado comete las violaciones mencionados arriba.
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Entiendo que se protegerá toda la información que he proporcionado. Puede compartirse la información sobre mi participación en WIC con otros programas del Departamento de Salud Pública del Estado de Georgia. Solo se usará esta información para ayudarme a obtener otros servicios de salud y conocer cómo estos servicios pueden satisfacer mis necesidades. Pueden compartirse los registros de vacunas de mi hijo con el registro estatal de vacunas. Si me mudo a otra área de servicio de WIC, se compartirá información sobre mi participación en el programa con la clínica de WIC en el área donde me mude, de manera que pueda seguir recibiendo los beneficios de WIC. WIC puede darme información acerca de mí (el participante o cuidador) o de mi hijo.

Entiendo mis derechos y responsabilidades con el Programa WIC. La información que he proporcionado es correcta y el personal de WIC podría verificar cualquier información. Entiendo que si he mentido intencionalmente o violo las reglas del programa (1) mi hijo o yo podemos ser suspendidos del programa WIC hasta por 1 año, (2) puedo ser acusado de delitos y/o (3) tendré que devolver el dinero al programa por todos los alimentos o fórmula que no tenía derecho a recibir.

Firma del Participante o Cuidador

Fecha

RO-2: Appellant's Georgia WIC Program Record Summary

**Georgia Department of Public Health
Georgia WIC Program
APPELLANT'S GEORGIA WIC PROGRAM RECORD SUMMARY**

SECTION I - IDENTIFICATION

District/Unit _____ WIC ID # _____

Applicant/Participant: _____

Appellant (if different from above): _____

Address: _____
Street Number and Name

City State Zip Code

Phone Number: _____

Representative: _____

Applicant/Participant's Race/Sex: (Circle item #)

Ethnicity:

- (1) Hispanic or Latino
- (2) Non Hispanic or Latino

Sex:

- (1) Male
- (2) Female

Race:

- (1) American Indian or Alaskan Native
- (2) Asian
- (3) Black or African-American
- (4) Native Hawaiian or Other Pacific Islander
- (5) White

County: _____ Date of Request: _____

Date of Appointment: _____ Date of Notification: _____

FOR STATE OFFICE USE ONLY:

Request number: _____ Date request filed: _____

Time limits: Hearing shall be held within three (3) weeks from the date the State or local agency receives the request for hearing (7 C.F.R Section 246.9(j)). The fair hearing decision shall issue within 45 (forty-five) days (7 C.F.R. Section 246.9 (k)(3)) of the date the request for hearing was received by the State or local agency.

SECTION II - TYPE OF AGENCY ACTION OR INACTION

A. Agency Action (Circle item number)

Participation denied/terminated because WIC applicant/participant:

- 1. Is not income eligible. _____
Date
- 2. Does not live in local WIC service area. _____
Date
- 3. Has reached expiration of regulatory eligibility. _____
Date
- 4. Is not pregnant, postpartum, breastfeeding woman or an infant/child under five (5) years old. _____
Date
- 5. Does not meet nutritional risk criteria. _____
Date
- 6. Failed certification appointment on: _____ _____
Date
- 7. Did not pick up vouchers for two (2) consecutive months. _____
Date
- 8. Violated WIC rules and was suspended for three (3) months for: _____ _____
Date
- 9. Is in Priority ___ and WIC has funds to serve only Priority(ies) _____. _____
Date
- 10. Other _____. _____
Date

B. Agency Inaction (Circle item number):

- 1. Failure of local agency to meet processing standards: (specify)

- 2. Other:(specify)

SECTION III - NARRATIVE SUMMARY OF AGENCY'S ACTION OR INACTION AND PRINCIPAL ISSUES INVOLVED IN THE REQUEST FOR FAIR HEARING

- A. Basis for local agency's action or inaction (specify briefly):

- B. WIC regulations applied by local agency:

- C. Participant's income eligibility information:

Signature/Title of WIC Personnel

Signature of Nutrition Services Director

Name

Address

City

State

Zip Code

Telephone Number

“The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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RO-3: OSAH FORM 1

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY DPH	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
---------------------------------	----------------------	-----------	---------------	--------	-------

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
---------------------------------------	---	---------------------

Check Here if an Application Was Denied:

Check Only One in This Box:

<input type="checkbox"/> ASL (Ambulatory Service License) <input type="checkbox"/> BCW (Babies Can't Wait) <input type="checkbox"/> CT (Cardiac Technician License) <input type="checkbox"/> EMS (Emergency Medical Service) <input type="checkbox"/> EMT (Emergency Medical Technician License) <input type="checkbox"/> EMTI (Emergency Medical Technician Instructor License)	<input type="checkbox"/> FSEP (Food Service Establishment Permit, If Issued by PH) <input type="checkbox"/> MFR (Medical First Response Service License) <input type="checkbox"/> NT (Neonatal Transport Service License) <input type="checkbox"/> PI (Paramedic Instructor License) <input type="checkbox"/> SSM (Sewage Management) <input type="checkbox"/> WICV (WIC Vendor)
---	---

CONTACT PERSON IN AGENCY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL

NON-AGENCY PARTY

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
<input type="checkbox"/> ATTORNEY <input type="checkbox"/> PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL

AGENCY PARTY

NAME AND TITLE OF CONTACT IN OFFICE	DIRECT TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL	
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	EMAIL	GEORGIA BAR NO

RO-4: Caregiver’s Statement of Change Form

**Georgia State WIC
Caregivers Statement of Change Form**

When a parent, guardian, caregiver of a WIC participant **changes during** a certification period, the clinic may issue up to three (3) months of Food Benefits to the infant / child if **ALL** of the five (5) following conditions are met:

1. The changed caregiver must bring the infant / child participant to the WIC appointment. If they do not bring the infant / child to the clinic, they are to be rescheduled.
2. The caregiver must show proof of the infant / child’s ID or the WIC ID Folder. If ID is not available, the staff must issue one month of food Benefits and have the caregiver return the following month with the appropriate documents.
3. The new caregiver must SIGN the statement below in the WIC office declaring that they are caring for the infant / child and an explanation of the circumstances that led them to becoming the caregiver.
4. The WIC staff will assist in making the written statement if the new caregiver is unable to write, and he or she must sign the statement or make their identifying mark.
5. The income of the new caregiver must meet the WIC eligibility criteria.

Statement of Change in Caregiver for Infants/Children

I, _____ (name), hereby declare that I am currently the caregiver of _____ (infant/child), date of birth _____. The previous caregiver, _____ (name) is no longer the caregiver of this child as of _____ (date). Reason for change (optional) _____ If this situation changes, I will immediately notify the WIC clinic.

Rights and Obligation Statement:

I have been informed of my rights and obligations to the WIC Program. The information I have provided is correct and the WIC staff may verify any of the information. I understand that if I have intentionally lied or if I violate the program rules that (1) I or my child can be taken off WIC for up to one year, (2) I can face legal charges, and/or (3) I will have to pay money back to the program for the foods or formula I should not have received.

Signature: _____ Date: _____

WIC Staff Member Signature: _____

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RO-4 Caregiver's Rights and Obligations Statement

WIC del Estado de Georgia

Declaración de derechos y obligaciones de los cuidadores

Cuando el padre/madre, tutor o cuidador de un participante de WIC cambia durante el período de certificación, la clínica puede emitir hasta 3 meses de beneficios de alimentos al infante o niño si se cumplen **TODAS** las cinco (5) condiciones que aparecen a continuación:

1. El cuidador debe traer al infante o niño participante a la cita de WIC. Si no trae al infante o niño a la clínica, tendrá que reprogramar la cita.
2. El cuidador debe proporcionar prueba de identificación del infante o niño o la carpeta de identificación de WIC. Si la identificación no está disponible, el personal debe emitir un mes de beneficios de alimentos y pedirle al cuidador que regrese el mes siguiente con los documentos correspondientes.
3. El nuevo cuidador debe FIRMAR la declaración que aparece abajo en la oficina de WIC mediante la cual declara que está cuidando del infante o niño y debe proporcionar una explicación sobre las circunstancias que lo llevaron a pasar a ser el cuidador.
4. El personal de WIC ayudará a preparar la declaración escrita si el nuevo cuidador no puede escribir, y este debe firmar la identificación o hacer su marca de identificación.
5. Los ingresos del nuevo cuidador deben cumplir los criterios de calificación de WIC.

Declaración de cambio de cuidador de infante o niño

Yo, _____ (nombre), he pasado a ser el (la) cuidador(a) de _____ (nombre), fecha de nacimiento _____, porque (motivo) _____. El (la) cuidador(a) _____ (nombre) ya no es el (la) cuidador(a) de este(a) niño(a). Si esta situación cambia, notificaré a la clínica de WIC inmediatamente.

Entiendo mis derechos y obligaciones para con el programa WIC. La información que he proporcionado es correcta y el personal de WIC puede verificar cualquier información. Entiendo que, si he mentido intencionalmente o violado las reglas del programa, (1) yo o mi hijo(a) podemos ser suspendidos(as) del programa WIC durante un período de un año, (2) puedo enfrentar cargos criminales, o (3) tendré que devolver el dinero al programa por los alimentos o la fórmula que no debí haber recibido.

Firma: _____ Fecha: _____

Firma de miembro del personal de WIC: _____

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés "USDA") prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el USDA Program Discrimination Complaint Form (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

RO-5: Voter Registration Declaration Statement

STATE OF GEORGIA

VOTER REGISTRATION
DECLARATION STATEMENT

Name: _____ Date: _____

Important Notice: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- I would like to register to vote
- I am presently registered to vote
- I do not want to register to vote

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

If you believe that someone has interfered with your right to register or to decline to register to vote or your right in privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State at 2 Martin Luther King Jr. Dr., Suite 802 West Tower, Atlanta, Georgia 30334 or by calling 404 656-2871

STATE OF GEORGIA

VOTER REGISTRATION
DECLARATION STATEMENT

Name: _____ Date: _____

Important Notice: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- I would like to register to vote
- I am presently registered to vote
- I do not want to register to vote

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

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SECTION ONE - FINANCIAL MANAGEMENT

I. STATE OPERATIONS

A. General

The Division of Finance of DPH maintains the financial records in a manner that reflects separate accountability for each activity administered by DPH, utilizing disbursement classifications as required by the state accountant and the various federal agencies. The financial system uses a combination of both data processing and manual entries. The process of writing checks, preparing check registers and other mass detail work is performed by data processing systems. The records kept in the county Health Departments are subsidiary or supplemental. County departments submit monthly reports to the Division of Finance according to prescribed uniform reporting procedures. These reports cover the financial operations that will be reimbursed by the Department of Public Health. Supporting data for other county department administrative expenditures that are not submitted directly to the Division of Finance are retained in the county department finance offices. County Health Departments contract with Certified Public Accounting (CPA) firms to audit their records.

Georgia WIC and DPH Office of Audits have provided financial management system guidance and procedures in the form of the Audit Readiness Tool Kit. Districts may link to this kit at [Audit Readiness Toolkit](#).

The State of Georgia Department of Audits performs both financial and program audits. State law mandates that the State Auditors perform a financial audit of the books and accounts of the Department of Public Health each fiscal year. The state auditors perform programmatic audits of specific programs as deemed necessary.

B. Cost Allocation Plan

The Department of Public Health (DPH) and Georgia WIC allocate costs to WIC using a variety of methods that are explained further throughout this manual. Costs are allocated as follows:

State agency costs:

Georgia WIC direct staff costs of employees expected to work solely on the WIC federal award are direct charged by department code and are supported by time sheets recorded by each employee in the State Accounting Office Team Works HCM System. Employees record their time each pay period in this system and their time is approved by their supervisors.

Non direct staff costs, for which some portion is allocable to WIC, are allocated through time sheets or the DPH Indirect Cost Rate Agreement agreed to by DPH and the US Department of Health and Human Services (US HHS) effective 07/01/2013 until amended.

Georgia WIC direct non staff costs are direct charged by department code. All costs are reviewed by WIC management for reasonableness, necessity, and allowability. Costs that are not incurred for the sole benefit of the WIC program are cost allocated to all programs benefiting from the cost, including WIC, through the use of the DPH Indirect Cost Rate Agreement or some other reasonable and rational basis.

Local agency costs:

The allocation of local agency costs is addressed in Section Two – Statewide Cost Allocation Plan.

C. Food Funds Management / Nutrition Services Administration

The Division of Finance functions as cash manager for the Department of Public Health. Federal funds are drawn from the Office of Treasury and Fiscal Services based upon the reimbursement of actual expenditures. A control disbursement account is used for WIC food redemption. Federal funds are requested and drawn through the electronic funds transfer process (Automated Standard Application for Payments system – ASAP) and transferred into WIC Federal Funds Holding Account. All transfers of federal funds are drawn in accordance with regulations of the United States Department of the Treasury, Cash Management Improvement Act (CMIA), agreements with the Treasury and other cash management policies and procedures as designated by the United States Department of Agriculture (USDA). Monthly cash draws are reconciled and balanced with actual expenditures. Each WIC grant award is recorded, balanced, and reported monthly as designated. Actual expenditures are tracked through the Budget Cost Comparison Report. Letters of Credit (LOCs) for each fiscal year are reconciled separately to cash and expenditure accounts.

When rebate funds are received from the **infant** formula contractor, those funds are used first to pay food expenditures. Federal food funds are not utilized until the rebate deposit is depleted. The cashier records the payment against the receivable by customer number and invoice number. The cash manager takes the amount of the rebate into consideration before making any future draws on the LOC.

The Department accounts for transactions on a modified accrual accounting basis to record WIC expenditures and federal revenues. For reporting purposes, DPH Finance reports expenditures when paid and revenues when received. The Department utilizes PeopleSoft Accounting System to control and record expenditures to assure expenses are within budget limits. To ensure budgets are not exceeded, PeopleSoft performs budget checks at the appropriate levels. Account codes are established in PeopleSoft in which WIC funds are budgeted and expended. If expenditures would exceed the budget, PeopleSoft rejects the posting of expenditures at those account code levels. Before such expenditures can be posted, a budget revision to that account code will be required. Realignment of current budget, addition and reduction of funds are completed through the state budget amendment process and includes appropriate narrative justification as required. Staff also analyzes budgets monthly and makes necessary revisions as anticipated. The PeopleSoft Accounting System ensures that withdrawals from the LOC are not in excess of immediate cash needs and are in compliance with the Cash Management Improvement ACT (CMIA). As rebates are received in the state office, the actual food expenditures presented by the WIC Banking system are paid

against rebate balances first. The PeopleSoft Accounting System provides for accurate, current, and complete disclosure of the financial status of the program, including a procedure which enables prompt and accurate payment of allowable costs. The Uniform Accounting System (UAS) is an independent budget and disbursement system in which the Department allocates and tracks local agency WIC administrative funding. Local agencies are allocated their administrative funding through allotment which they budget in UAS. These budgets are used as control budgets upon which local agencies may expend. Each month, local agencies report their expenditures against those budgets and request reimbursement for those expenditures through the Monthly Income and Expenditure Reports (MIERS) component of UAS. Upon closeout of each month's MIERS, the Department's general ledger system (PeopleSoft) is updated by UAS and the monthly local agency expenditures are recorded. By completing this update monthly and reimbursing the locals for their reported expenditures, costs are updated monthly in the general ledger system (i.e. PeopleSoft). WIC staff review local agency expenditures monthly for allowability and proper recording. WIC staff and Division of Finance staff meet monthly to review budget status of all program budgets.

D. Local Level Requirements

The local level requirements are as follows:

1. The State of Georgia Contract between The Department of Public Health and County Board of Health for The Distribution of Federal and State Funds for the Administration of Public Health Services in FY 2015 (commonly referred to as the Master Agreement for the Department of Public Health) and Annexes, requires that local agencies maintain their Financial Management Systems in accordance with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and the Official Code of Georgia Annotated (O.C.G.A.) §31-3-8. **See attachment AD-1.**

The DPH Administrative Policy and Procedures Manual gives specific instructions on the operation of a financial management system at the local level.

2. Each month, local agencies must submit a Monthly Income and Expenditure Report (MIER) to the Public Health Grant-In-Aid office. The Georgia WIC Program staff and/or Financial Management staff monitor these reports against approved budgets. During program reviews, equipment and computer inventories are reviewed to ensure program compliance.
3. The Public Health Master Agreement requires an annual audit of all local agencies. The DPH Office of Audits is responsible for overseeing this requirement. Non-compliance results in the immediate suspension of payments to the delinquent agency. The financial management staff of each local agency, in keeping with state agency requirements, is charged with oversight and accountability for WIC Program budgets and expenditures according to DPH and USDA Food and Nutrition Services (FNS) guidelines and instructions.

4. The allocation of Nutrition Service and Administration (NSA) Grant funds is based on a methodology developed by the Georgia WIC Program and the WIC Allocation Advisory Committee, with final approval from the Commissioner of the Department of Public Health. Funds available for allocation to local agencies are determined by subtracting the cost of operations of the WIC Program and the centralized costs for management of the food grant, from the total NSA grant received from USDA. The balance is allocated to local agencies based on participation.
5. The WIC Allocation Advisory Committee is charged with assisting the Program and the Department of Public Health with developing an acceptable methodology for allocating federal grant funds to local agencies. Additionally, the Georgia WIC Allocation Advisory Committee makes recommendations to the WIC Program concerning caseload management strategies. A district health director chairs the committee. Meetings are scheduled as necessary.
6. Operational and administrative funds are distributed to local agencies by contractual agreements. WIC funding to the eighteen lead counties is part of the DPH Public Health Master Agreement. Funding to non-profit organizations is made through a standard DPH contract. Currently, Georgia WIC only contracts with one non-profit organization.
7. Budgets for local agencies are changed by means of amendments. Realignment of current budget, addition and reduction of funds are completed through the state budget amendment process and includes appropriate narrative justification as required.

E. Procurement and Property Management

1. The Georgia WIC Program adheres to DPH's Procurement Services Policy PR-11001 (**see Attachment AD-20**). This policy governs the purchases of goods and services by the Georgia WIC Program. All state and District purchases of services and goods also require completion of the Georgia WIC Request to Purchase Form. This form includes instructions for completion. See attachments AD-36 Georgia WIC District Request to Purchase Form or AD-37 Georgia WIC State Agency Request to Purchase Form.
2. According to the Master Agreement, Boards of Health must conduct all purchases of supplies, equipment and services in accordance with the Board's purchasing policy. The Board must have a purchasing policy in place that does not conflict with any Federal, State, or local law.
3. Both the Georgia WIC Program and the Boards of Health must meet the following property management requirements:

- a. Maintain property records that meet the minimum requirements set forth in the DPH Asset Management Policy AM-01001 (**see Attachment AD-21**).
- b. Upon termination, the Board should account for all equipment purchased with WIC funds and dispose of such properties in accordance with WIC regulations

F. Caseload Management/Food Cost

Food Cost may come from three sources. A description of each source is listed below:

1. CSC Covansys (the State's Data Processing and Banking Contractor) compiles a monthly Reconciliation Report (EWRR860G) using a series of four reports (see attachment AD-35):
 - Monthly Report of Food Expenditures
 - Bank Exception
 - Unmatched Redemption
 - Bank Listing

This data is based on the issue month of the voucher.

The Division of Finance, DPH, enters the information from the Reconciliation Report (EWRR860G) into the state's financial system (PeopleSoft).

2. The Vendor Section authorizes administrative payments to Vendors for returned vouchers (see Attachment AD-25). Vouchers may be returned for the following reasons:
 - Post and Stale date
 - Signature of participant missing
 - Exceeded maximum amount allowed
 - Altered vouchers
 - Missing Vendor stamp

Post and Stale dated and altered vouchers are not approved for payment. Once these vouchers have been individually researched and payment has been authorized, the information is entered into PeopleSoft. The Division of Finance will then release payment.

3. Orders for Special Formula are placed by the Nutrition Services Directors (NSDs) or their designees through the Georgia WIC Nutrition Services staff.

Orders requested by the NSDs or their designees are reviewed for approval by Georgia WIC Nutrition Services staff prior to the purchase of formula. Once approved by the Nutrition Operations Unit, the formula is ordered by the WIC Program Administration Office and the information placed into PeopleSoft for the Division of Finance to process.

4. Once the Division of Finance has received all of the information, the final cost of redeemed month is entered into the FNS-798 Report.
5. Monthly Food expenditures, as reported on the 798 report, are recorded by issue month.
6. Projected participation is determined by the local agency assigned caseload in accordance to the state funding formula. The monthly projections are distributed using a three year trend analysis of closeout caseload.
7. Closeout Participation means the sum of:
 - a. The number of persons who received supplemental foods instruments during the reporting period;
 - b. The number of infants who did not receive supplemental foods or food Instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and,
 - c. The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.
8. The rebate is posted by month received and is expended prior to the drawdown of federal dollars.
9. Gross Obligation and Outlays are the unliquidated obligation and ongoing monthly operation cost.

G. Accounts Payable

1. All invoices paid by Georgia WIC at the state level are approved by the WIC Finance Manager, the Deputy Director for Program Administration, and the WIC Director as necessary through either approval of a basic expense form, purchase request, or contract authorization request. The Deputy Director is responsible for ensuring all purchases when initiated or paid by the guidelines set forth in 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirement for Federal Awards, Subpart E – Cost Principles and in this administrative procedures manual.

All payments are made in accordance with DPH's Invoice Payment Policy FN-06038 (see Attachment AD-23).

H. Distribution of Employee Costs – Time Reporting

1. Distribution of Employee Costs occurs via two methods: periodic time and effort reporting, including certification and DPH's indirect cost rate.
2. Georgia WIC direct state level staff costs of employees expected to work solely on the WIC federal award are direct charged by department code and are supported by **time sheets recorded by each employee in the**

State Accounting Office Team Works HCM System. Employees record their time each pay period in this system and their time is approved by their supervisors.

3. District employees whose full time effort is for the benefit of the Georgia WIC program have their time captured through semi-annual certifications of pay. Certifications are distributed each six months on a calendar year basis (January through June; July through December) or on the entity's fiscal year to such employees. Such employees are required to certify the portion of their time spent performing duties associated with Georgia WIC. Their supervisors are required to approve these certifications. Non-personal services costs associated with these employees are direct charged to WIC accounts.
4. Employees whose effort is cost allocable between more than one fund sources are compiled by the Division of Finance and cost allocated through DPH's Indirect Cost Rate Agreement (see Attachment AD-22). Allocable non-personal services costs associated with these employees are also cost allocated per the Agreement.

I. FNS – 798 Reporting

1. The DPH Division of Finance is responsible for compiling and submitting the FNS-798 on a monthly basis. Georgia WIC develops, reviews and approves the report before submission. (See attachment AD-34 – Procedures for Estimating Food Obligations)
2. District level administrative costs are collected through the Uniform Accounting System (UAS) subsystem of DPH's general ledger system, PeopleSoft. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breast feeding expenditures are compiled from the appropriate programs contained within the UAS subsystem annually. Nutrition expenditures are compiled from the nutrition expenditure category contained within PARS annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements. Expenditures are reported in the month paid.
3. State level administrative costs are collected through DPH's general ledger system, PeopleSoft via the payroll, accounts payable and purchasing subsystems. The Division of Finance runs monthly general ledger reports and extracts all administrative cost data from the general ledger and inputs this information on the appropriate lines in the 798 report. Breastfeeding expenditures are compiled from the appropriate budgets contained within PeopleSoft annually. Nutrition expenditures are compiled from the appropriate budgets contained within PeopleSoft annually. Georgia WIC does not use in-kind expenditures to meet either the breast feeding or nutrition education requirements.

4. Rebates are collected from the PeopleSoft general ledger system. This amount is posted in PeopleSoft and recognized the month it is received. Rebate invoices to the infant formula contractor are developed from reports generated by Georgia WIC's banking and data contractor based on monthly product redemptions. Rebate rates are reconciled to the appropriate contract rates. Rebates collected from the rebate contractor are reconciled to rebates invoiced.
5. Program income is reflected on the report the month it is credited to the general ledger accounts in PeopleSoft. Post-payment vendor collections received due to recovery of grant funds improperly paid to vendors are reported on line 9 of the 798. Participant collections received due to recovery of food benefits improperly received by participants are reported on line 10 of the 798. Both of these types of income will be used to offset food outlays. Income other than these and rebates that are received and are used to offset food outlays are reported on line 11 of the 798. Program income received that is a recovery of Nutrition Services and Administration (NSA) funds are reported on line 25 of the 798 the month in which they become available. Universal Service Funds that support Visual Collaboration network offset the costs of the network and will be noted on the 798. **(See Attachment AD-38) Reporting Program Income Procedures.**
6. Food costs are collected from the PeopleSoft general ledger system. Food costs are posted as explained in subsection F, Caseload Management/Food Costs, above.

II. LOCAL AGENCY OPERATIONS

Prior to July 1 of each year, all local agencies operating the Georgia WIC Program, excluding contracted local agencies, must sign a copy of DPH Master Agreement and submit it to the Division of Finance, Procurement. **(See Attachment AD-1).** District staff receiving WIC funds must:

1. Provide services in accordance with the Child Nutrition Act of 1966, as amended by P. L. 108, for the delivery of services for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This provider agreement is made pursuant to the Department of Public Health (DPH) Administration Policy and Procedures Manual, Part II A.I, the United States Department of Agriculture/Food and Nutrition Services (USDA/FNS) regulations at 7 C.F.R. Part 246, the Georgia WIC Program Procedures Manual, the Georgia Nutrition and State Plan, the Georgia WIC Program Guidance for Local Agency Planning, and all administered memos. (The aforementioned documents are hereinafter incorporated into the Master Agreement.)
2. Collect and submit accurate client data for WIC participants for the purpose of monitoring program performance. Comply with all Federal and state requirements in the collection of program data and make modifications as appropriate or requested within a specified time.

3. Employ appropriate staff to adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, program integrity, and voucher accountability and security.
4. Participate in development of the Georgia WIC Program State Plan that is annually submitted to USDA. Submit a local agency program plan to the Georgia WIC Program by March 31st, unless another date has been designated as the due date for that year for inclusion in the annual State Plan.
5. When local agencies provide WIC Farmer's Market Nutrition Program services, they must provide WIC Farmer's Market Nutrition Program services according to the Federal regulations at 7 C.F.R. Part 248 and the Georgia WIC Program Farmer's Market Handbook. The Seniors Farmers Market Program is operated in accordance with 7 C.F.R. Part 249.

Reporting Requirements:

1. Submit report by March 31st and October 31st, unless another date has been designated as the due date for that year for the previous Federal fiscal year (October thru September).

III. FINANCIAL PROCEDURES

A. District Health Agencies

Adhere to:

Georgia WIC Program Procedures Manual

USDA FNS Instruction 808-1

2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards

DPH Master Agreement and program specific annexes (WIC – Annex 2)

Title 7 Code of Federal Regulations Part 246 (7 C.F.R. Part 246)

B. Non-profit Agencies

Adhere to the tenets of the negotiated contract and prescribed policies and procedures established by the Georgia WIC Program and Department of Public Health, and by the Federal WIC regulations at 7 C.F.R. Part 246.

C. Unliquidated Obligations

USDA requires that Unliquidated Obligations be reported. District Health Agencies are to report these on their Monthly Income and Expense Reports (MIER).

D. Year-End Funds Obligations

In order to utilize year-end Nutrition Services Administration (NSA) funds, all purchase orders must be completed, properly dated and forwarded to the vendor prior to September 30th.

E. External Entities Audit Standards and Sanctions

Authority/Purpose:

The Georgia Department of Public Health (DPH) has established standards and sanctions for external entities' audits under DPH policy number AU-02001, dated July 1, 2011. The authority for this policy is 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audit Requirements, 7 CFR 277.17, and the O.C.G.A. §§50-20-1 through 50-20-8. The purpose of the policy is to ensure that those non-federal entities which receive funds from the Department of Public Health (DPH) conform to the standards and requirements imposed by federal and state law and by DPH's Contracts. Sanctions are imposed on those entities that do not comply with the standards and/or audit requirements.

Policy:

Entities that contract with the Department must meet certain financial reporting requirements. These requirements are defined in: the Single Audit Act Amendment of 1996; 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audit Requirements ; Contract Provisions; DPH Policy; and the O.C.G.A. §§50-20-1 through 50-20-8. The requirements vary according to the dollar amount expended by the entity during its accounting year. These are listed under paragraph 2.3 in the attached policy and delineated in the following paragraphs.

Entities Expending \$750,000 or More in Federal Funds

All entities expending \$750,000 or more in federal funds during their fiscal year comply with the provisions of the Single Audit Act Amendments of 1996 and their implementing regulation, 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart F – Audit Requirements. Non-profit organizations must comply with the provisions of the O.C.G.A. §§50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations must also include a "Schedule of State Awards Expended."

These entities obtain a single entity-wide audit of their financial records performed by an independent auditor. The audit covers all financial activities for the fiscal year and is conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States.

Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. Audits of public entities also include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the

organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Entities expending \$100,000 or more in state funds

All entities expending \$100,000 or more in state funds during their fiscal year comply with contract provisions and DPH policy. Nonprofit organizations also comply with the provisions of the O.C.G.A. §§50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations also must include a "Schedule of State Awards Expended."

These entities obtain an entity-wide audit of their financial records performed by an independent auditor. The audit is conducted in accordance with Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants and the financial statements are prepared in accordance with generally accepted accounting principles. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits of public entities also must include a "Schedule of State Awards Expended."

The entity files two copies of the independent auditor's report with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Nonprofit organizations must submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Entities expending between \$25,000 and \$100,000 in state funds

All entities expending at least \$25,000 but less than \$100,000 in state funds during their fiscal year comply with contract provisions and DPH policy by submitting audited or unaudited financial statements. Nonprofit organizations are also required to comply with the provisions of the O.C.G.A. §§ 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits or financial statements of nonprofit organizations must also include a "Schedule of State Awards Expended."

Financial statements that have been audited include the auditor's report on the financial statements. Audits for public entities include, for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits or financial statements of public entities must also include a "Schedule of State Awards Expended."

Financial statements that have not been audited must include a statement from the president or other responsible official of the organization which states that:

-The financial statements are presented in accordance with generally accepted accounting principles and, if not, the basis used for their presentation;

-The financial statements are prepared on a basis consistent with that of the preceding year, and if not, the respects in which they differ from the preceding year;

-The financial statements of public entities include for those contracts that were completed during the audit period, a "Statement of Revenues and Expenditures Compared to Budget," presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. The financial statements of public entities must also include a "Schedule of State Awards Expended."

The entity files two copies of the audit or financial statements with the Director, Office of Audits, Inspector General, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report must be submitted with the audit report.

Role of the DPH Office of Audits

-Requests the required audit or financial statements, management reports, memoranda and internal documents from those entities that have failed to provide them;

-Reviews the audit reports for financial settlement amounts, questioned costs, and findings and recommendations;

-Communicates the dollar amounts of financial settlements to the DPH Division of Finance for settlement;

-Requests corrective action plans to preclude recurrence of findings from those entities that have failed to provide them;

-Forwards one copy of the audit report or financial statements to the programmatic Division(s) or Office(s); and

-Notifies the appropriate DPH programmatic Division(s) or Offices(s) of those entities which have not complied with the filing requirements of this policy as well as the DPH Division of Finance that will impose the appropriate sanctions.

Role of the Programmatic Division

-Insures that appropriate programmatic corrective actions are implemented when required by an audit report;

-Reviews audits for compliance with programmatic performance goals;

-Enforces corrective action on repeat findings; and

-Approves or disapproves budget and spending variances.

Details of all these requirements including Definitions of terms and acronyms can be found in DPH Policy AU-02001. (See attachment AD-36).

IV. FUNDING REQUIREMENT

THE LOCAL AGENCY MUST:

1. Implement management controls to track and ensure accountability of program funds, assets and property, in accordance with WIC regulations. A penalty of up to \$25,000.00 may be charged for the misuse or illegal use of program funds, assets or property. This applies to individuals that embezzle, willfully misapply, steal or obtain by fraud, assets or property, whether received directly or indirectly from USDA.
2. Have a cost allocation plan that has prior approval from DPH, Division of Finance and the Georgia WIC Program.
3. Ensure that the local agency staff complies with guidelines and procedures for requesting and expending funds awarded to the local agency for special projects. As an addendum to this annex, the Georgia WIC Program shall outline project specific requirements in the “Local Agency Special Projects Terms and Conditions”. Grant funds awarded for special projects shall not be used to supplant existing programs. All equipment purchases made with special projects funds are the property of the Georgia WIC Program and shall be transferred back to the state at the termination of the project.
4. Maintain complete and accurate documentation of allocated funds received and expended by employing General Accepted Accounting Principles (GAAP) and making these records available for audit upon request of the Georgia WIC Program or the Federal Agency.

5. In case of an audit exception, the local agency may be required to repay the Department from the local agency's non-participating funds.
6. Federal regulations require the Georgia WIC Program to spend 97% (ninety-seven percent) of its food grant dollars. Failure to meet this mandate may result in the imposition of a penalty. To be consistent with the federal mandate, each local agency will be expected to serve a minimum number of WIC participants as determined by the federal caseload mandate.
7. Complete all monthly Bank Exceptions Reports and Cumulative Unmatched Redemption (CUR) Reports received from the State EIC Branch or the Data Processing Contractor and return within the specified time. Local agencies will monitor clinics for compliance. Failure to correct the errors on the CUR Report when moved to Part Two of the report will require a monetary payback to the Georgia WIC Program when the total amount of the redeemed vouchers exceeds \$1,000.00 (one thousand dollars) monthly.
8. Place all employees who are paid entirely by WIC funds into the 301 cost pool.
9. **Ensure WIC funds expended toward a computer system are in compliance with the Georgia WIC District Request to Purchase form and associated instructions.**
10. The local agency that participates in Using Loving Support to Manage Peer Counseling agrees to the development, operation and evaluation of supervisory clinic staff and Peer Counselors (PC) as prescribed in the guidance developed by. All peer counseling grant funds will be available as grant-in-aid under Program #329. A Peer Counselor must be a current or former WIC participant and must have breastfed for at least six (6) months. The actual number of peer counselors employed may be determined by the Health Director. A Peer Counselor must be paid a minimum of eleven dollars (\$11.00) per hour.

A Peer Counselor must be reimbursed for all approved work related expenses as stated in State Accounting Office Statewide Travel Policy (see **Statewide Travel Policy - effective 7/1/2015**). Georgia WIC recommends each local contractor hire and train alternate Peer Counselors. The purpose of alternate Peer Counselors is to have trained replacements immediately available, in the event of a Peer Counselor position vacancy. The grant award will include additional funds of ten dollars (\$10.00) per hour for the training of the alternate Peer Counselors and when they perform any peer counseling duties. Local contractors may elect to hire additional Peer Counselors or increase the number of hours a Peer Counselor works instead of having alternates. Funds from this grant must not be used to supplant existing WIC financial resources.

11. Comply with the Georgia DPH Administrative Policy and Procedures for the administration of funds.
12. Acquire approval from the State (and USDA if necessary) for the purchase of
 - a. **regular operating expenditures and non-computer equipment having a unit cost of \$25,000 or more,**
 - b. **capital asset expenditures with a total cost of \$5,000.00 or more, and**
 - c. **information systems expenditures with a total project cost of \$5,000 or more.**

THE STATE AGENCY MUST:

1. Monitor and track District level expenditures and review those expenditures to insure they are allocable and allowable costs to the grants.

State administration staff, the WIC Finance Manager, WIC Financial Analysts and DPH Audit staff, will conduct aggregate analysis on a monthly basis to identify irregularities in expenditures by category. This analysis consists of reviewing expenditures by local agency budget and local agency cost category reports. This analysis also includes a determination whether these expenditures are compliant with Subsection II – Basic Cost Principles/WIC Allowable Costs and Subsection IV – Guidelines for Local Agency Cost Allocation Methodology of this manual. These subsections provide the general requirements costs (expenditures) must meet to be an allowable and allocable charge to the WIC grant. These subsections also provide guidance on cost allocation to which Districts must adhere. If an irregularity is identified, Program Administration will request explanation of the irregularity from the Board of Health or request the DPH Audits Section review the expenditures.

The DPH Audits Section will review sample MIER reimbursement requests. During its district audits, DPH Audits Section samples MIER reimbursement requests to insure documentation reconciles with the request submitted. It also reviews whether the cost associated with the reimbursement are: a) reasonable and necessary and b) allocable to WIC.

State administration staff also reviews specific expenditures with District staff as to their eligibility. This review is conducted in compliance with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Subpart E – Cost Principles.

2. Ensure Districts do not exceed their budgets.

State administration staff and Division of Finance staff reconcile district budgets to each district's allocation. Upon distribution of the Budget Allotment Summary Sheets and execution of the Master Agreements, the lead counties for each district are required to load budgets matching their allotments in the Uniform Accounting System (UAS). UAS is DPH's subsystem for local agency accounting and reporting to the state of Georgia's general ledger accounting system which DPH is required to use. Once the budget is properly loaded in UAS, the UAS budget prevents districts from exceeding their allocation. This is accomplished by UAS rejecting reimbursement requests until the allocations and budgets are adjusted as necessary.

3. Conduct District management reviews.

DPH Audits Section performs agreed upon procedures review of District Boards of Health. These are completed for half of the Public Health Districts (nine) each year on a rotating basis. The Audits Section performs the following procedures: a) review of previous audits, b) review of general accounting practices, c) review of expenditures, d) determination of whether the District has conducted its self-review and the results of that review, e) review of certification controls, f) review of benefit issuance controls, g) review

of WIC voucher security, h) review of asset management, i) review of food instrument accounting, and j), review of Peer Counseling program.

V. EQUIPMENT INVENTORY

Maintenance of a complete and accurate inventory of all equipment leased or purchased with WIC funds is an ongoing district responsibility. Updates to the Georgia WIC Program Inventory Database are required whenever new non-ADP equipment over \$1,000 (one thousand dollars) or any computer related equipment or new ADP equipment for any dollar amount has been acquired. Equipment that is transferred, surplus, destroyed or reported stolen or missing also requires an immediate update to the database.

Updating the database falls into one of the two categories: acquisition and status change. It is understood that districts will provide the state office with appropriate and immediate notification of their equipment acquisitions and status changes as follows:

A. Acquisition

Use the county asset form (See Attachment AD- 28) to log all purchased items over \$1,000.00 and computer related equipment. This form should be sent to the WIC property and equipment specialist twice a year (December and May) along with supporting documents. Acquisition of a new item requires the districts to complete a new record in the database online.

B. Status Change:

Use Surplus/Destruction Form (See Attachment AD-2)

Change in the status of an item requires the districts to complete the **Surplus/Destruction Form (See Attachment AD-2)** with appropriate fields marked to reflect that change. Forward the completed form to the Georgia WIC Program electronically or by regular mail. Changes to the master file are then made by the WIC Equipment and Inventory Analyst online. Instructions for each status change are listed below:

1. Surplus Equipment

Surplus Equipment according to DPH Asset Management Policy (Policy # AM-01001).

2. Equipment without Value

Equipment that is no longer valuable and/or usable and is scheduled for destruction must be noted on **Attachment AD-2**. Also attach a Destruction of Surplus Property Affidavit (**See Attachment AD-29**), which must be signed by the appropriate state authority and returned to the district prior to their taking any action.

3. Missing Equipment and Stolen Equipment

Districts are to complete the Missing or Stolen Property Report (**See Attachment AD-30**) which gives a brief explanation of the circumstances leading to

equipment disappearance. Attach a Police report to this attachment. If the equipment is recovered, complete the **Surplus/Destruction Form (see Attachment AD-2)**; attach an explanation for the equipment reappearance. Forward all forms to the Georgia WIC Program.

Disposed electronic items must be done using a separate Property Transfer Form. Computers, laptops or any item with a hard drive would need to have a computer Tech wipe clean the hard drive and fill out the Information Assets Eradication and Software Removal form **(See Attachment AD-31)**. (This should be done before items are approved and picked up).

4. Property Removal Form

Property Removal Form **(See Attachment AD-32)** is to be used when equipment is taken out of the building.

VI. RETROACTIVE BENEFITS AND REIMBURSEMENTS

A. Revenue

Any revenue generated as a result of administering the Georgia WIC Program is considered as governmental and/or program income and must be used to further program objectives in accordance with Federal WIC regulations at 7 C.F.R. Part 3016.

B. Misuse of Funds

Any vendor, local agency or state agency and/or individual(s) that embezzles willfully misapplies, steals or obtains by fraud any funds, assets or property provided (whether received directly or indirectly from USDA) valued at \$100.00 (one hundred dollars) or more will have to pay a penalty of \$25,000.00 (twenty-five thousand dollars). See SFP Regional letter, #250-04, March 8, 2004.

VII. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. The state agency is responsible for monitoring local agency operations including financial management systems (7 C.F.R. Section 246.19(b)). If any food or NSA funding provided to a local agency is misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the state agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

SECTION TWO – STATEWIDE COST ALLOCATION PLAN

I. INTRODUCTION TO WIC STATEWIDE COST ALLOCATION PLAN

PURPOSE

The statewide cost allocation plan describes methods for assigning costs to a state or local agency's WIC grant or sub-grant. State and local agencies shall use this guide in assigning costs to WIC, except where other documents, such as an Advance Planning Document (APD), statewide cost allocation plan, indirect cost rate agreement, etc., prescribe other methods.

AUTHORITY

The WIC authorizing statute at 42 U.S.C. §1786(h)(1)(A) provides that FNS shall allocate Federal WIC funds to States each fiscal year "for costs incurred by State and local agencies for nutrition services and administration for such year." The Federal cost principles stated in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards provide general rules for use by the respective types of organizations to which they apply in charging costs to Federal programs for reimbursement by Federal awarding agencies. Program-specific allowable cost rules are found at 7 CFR §246.14 and in written guidance issued by Food and Nutrition Services. This plan implements these authoritative documents with respect to the Georgia WIC Program.

BACKGROUND

Congress created the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to serve as an adjunct to good health care for low-income women, infants, and children. Its primary mission is to provide nutritious supplemental foods and nutrition education for such persons during critical times of growth and development.

As important as nutrition is to overall health and well-being, Congress also recognized that nutritional services without other primary health care and related social services are simply half-measures. Therefore, WIC is also tasked with operating as a front-line health screening and risk assessment program and serving as a linkage or gateway to health care and social services. WIC accomplishes this by performing an aggressive information and referral function.

Many costs incurred by state or local agencies are directly attributable to WIC; these are known as **direct costs**. However, the delivery of WIC benefits has great potential to overlap the health service parameters of a number of other state and federal public health and public assistance programs. Examples of such programs include those funded under Title V of the Maternal and Child Health Block Grant, Community and Migrant Health Centers, Medicaid (especially its Early and Periodic Screening, Diagnostic and Treatment (EPSDT) component), Immunization, Head Start, and the WIC Farmers' Market Nutrition Program. The same costs that benefit WIC often benefit these and other programs as well. Such shared costs must be assigned to programs through a process of allocation.

This is particularly true in cases where state and local agencies have integrated the delivery of program services in order to make them available to clients in a “one-stop shopping” mode. While this operating method minimizes duplication of effort between programs, it results in different programs sharing many costs. The trend toward the integration of health service delivery magnifies the need for cost allocation systems sophisticated enough to assign WIC its fair share of costs, but not so complex as to create administrative burdens that discourage “one-stop shopping”.

PUBLIC HEALTH GRANT-IN-AID PROGRAM

Georgia county public health departments are the service-delivery arm of DPH. While they are independent legal entities, through the means of a contract, they work with DPH to provide public health services to the citizens of the state.

WIC funds are allocated to the lead county health department as part of the Department’s Grant-in-Aid Program and, as such, are recorded into the department’s (Uniform Accounting System) UAS computer system. UAS then interfaces with the department’s financial records. This allows for the reimbursement to the lead county health department for expenditures and for the preparation of financial reports.

COST DISTRIBUTION

Programs that are part of public health’s Grant-in-Aid to counties (GIA) may have some of their costs directly charged. All of the costs that are direct should be directly charged to a program. The remainder should be allocated.

Costs are collected monthly by the UAS and updated to PeopleSoft. When the update to PeopleSoft occurs, the direct charged programs are posted to their funding sources.

COMPOSITION OF COST

Direct Costs are those that can be identified specifically with a particular cost objective. All WIC expenditures are direct costs, including all employees 100% paid by WIC and non-WIC paid employees who occasionally perform WIC services.

II. BASIC COST PRINCIPLES/WIC ALLOWABLE COSTS

GENERAL REQUIREMENTS

The basic guidelines for identifying costs which may be charged to a Federal grant are found in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. To be deemed an allowable charge to a Federal grant under these guidelines, a cost must:

- A. Be reasonable and necessary to administration of WIC services.

- B. Be treated consistently. This means that costs incurred for the same purpose in like circumstances must be consistently charged to a Federal grant as either direct costs or indirect costs.
- C. Be consistent with and allowable under federal, state and local laws, regulations and policies.
- D. Be determined in accordance with generally accepted accounting principles (except where the applicable Federal cost principles expressly provide otherwise) and adequately documented.
- E. Be net of applicable credits.
- F. Be charged to the correct accounting period.
- G. Not be charged to more than one Federal grant or used to meet a matching or cost sharing requirement for more than one Federal grant, either in the current or a prior accounting period.
- H. Be allocable. A cost is allocable to the Federal grant only to the extent that it benefits the grant's objective.
- I. Costs must be allocated equitably in terms of the benefit derived. To accomplish this requirement, the relative benefit must be approximated through the use of a reasonable method.

A cost is considered **reasonable** if, in nature and amount, it does not exceed what a prudent person would spend for a like item or activity to achieve the program's objectives. Costs incurred to carry out essential WIC functions, and which cannot be avoided without adversely impacting WIC operations, will be considered **necessary**. Costs determined to be reasonable and necessary to meet WIC objectives are allowable charges to the Federal WIC grant, provided these costs meet the other requirements for allowability. Since the WIC grant is limited in amount, the priority of the expenditure in relation to other demands on available resources must also be considered.

Activities considered necessary to achieve WIC objectives are discussed in this chapter. They may be performed solely for the benefit of meeting WIC objectives, or to meet objectives of both WIC and non-WIC programs. Further, these activities may be performed by WIC-only or multiple-program employees. The costs of the activities are allocable to WIC grant to the extent that the activities are performed to benefit WIC.

COMPONENTS OF FEDERAL WIC GRANT

WIC's authorizing statute, the Child Nutrition Act of 1966, as amended, provides that a state agency's Federal WIC grant will consist of two components: one for the cost of supplemental food benefits and one for the costs of nutrition services and administration (NSA). Costs necessary to fulfill Program objectives e.g., costs to provide WIC participants with supplemental foods, nutrition education, breastfeeding promotion and support and referral to related health services, are allowable charges to the applicable component of the WIC grant.

NUTRITION SERVICE ADMINISTRATION (NSA) COSTS - GENERAL

A state or local agency **must** perform the following functions in order to meet WIC objectives: nutrition education, breastfeeding promotion and support, participant certification and caseload management, food delivery, screenings for and referrals to other social and medical service providers and general program management. Therefore, the costs associated with these functions are allowable charges to the NSA component of the Federal WIC grant, provided these costs meet the other requirements for allowability.

FOOD COST

The WIC food delivery system is managed by the Georgia WIC Program.

NSA COSTS FOR CLINIC ACTIVITIES

The following activities performed in WIC clinics are considered necessary to meet WIC objectives. Therefore, provided all other requirements for allowability are satisfied, the direct and indirect costs associated with performing these activities are allowable charges to the WIC NSA grant.

A. Participant Certification/Case Management

1. Data Collection and Risk Assessment for Eligibility Determination
 - i. obtain application data and assess for eligibility - name, income, residency, etc.
 - ii. anthropometric screening (heights, weights) and blood work (hematocrit or hemoglobin)
 - iii. obtain and/or score nutritional practices
 - iv. screening for other medical conditions which affect the participant's nutritional status and needs such as substance abuse, food allergies, diabetes, etc. (no laboratory analysis)
2. Case Management
 - i. Nutrition care plan development
 - ii. Maintenance of participant manual or automated charts/records
 - iii. Appointment scheduling, reminders, and reviewing certification/recertification information needed with applicant/participant.
 - iv. Participation in public health needs assessment/surveillance activities related broadly to maternal and child health as long as WIC has access to information gathered

B. Nutrition Education

1. Preparing, scheduling, providing group or individual nutrition education
2. Preparing nutrition education materials

- 3. Providing High risk nutrition counseling
- C. Breastfeeding Promotion and Support
 - 1. Preparing, scheduling, and providing group or individual breastfeeding promotion and support.
 - 2. Preparing breastfeeding promotion and support materials.
- D. Food Delivery
 - 1. Development and assignment of WIC food packages.
 - 2. Issuing food instruments and accounting for food instrument issuances.
- E. Health Care Referrals

The costs of some screening (excluding laboratory tests), referrals for other medical/social services such as immunizations, prenatal care, well child care and/or family planning, and follow-up on participants referred for such services, may be charged to the WIC grant. However, the cost of the services performed by the other health care/social service provider to which the participant has been referred shall not be charged to the WIC grant.

A hematological test for anemia such as a hemoglobin, hematocrit, or free erythrocyte protoporphyrin test is the only laboratory test required to determine a person's eligibility for WIC. As such, the cost of a hematological test for anemia is the only laboratory cost that may be charged to the WIC grant. Laboratory tests to screen for other health conditions including, but not limited to, pregnancy, lead and diabetes are not allowable charges to the WIC grant. When WIC operates in a clinic which requires complete blood samples for more complex blood tests, WIC will only pay an agreed upon amount that approximates the cost that WIC would have incurred if it had conducted its own blood tests (hemoglobin, hematocrit or free erythrocyte protoporphyrin tests) for WIC eligibility.

NSA COSTS FOR PROGRAM MANAGEMENT ACTIVITIES

The following program management activities are considered necessary to meet the Georgia WIC Program objectives; and therefore, the costs associated with conducting these activities are allowable charges to the WIC Nutrition Service Administration grant component.

- A. Maintaining accounting records
- B. Audits
- C. Budgeting
- D. Food instrument reconciliation, monitoring and payment
- E. Vendor Monitoring
- F. Outreach
- G. Visual Collaboration (the cost of Visual Collaboration will be allocated among all programs utilizing the network. Upon completion of the 2014 Management Evaluation, the allocation and reimbursement process will be provided.)
- H. Individual Nutrition Education

- I. Group Nutrition Education
- J. Individual Breastfeeding Education
- K. Group Breastfeeding Education
- L. Individual Nutrition Education Certification
- M. Individual Nutrition Education Re-Certification
- N. Half-Certification (Children)
- O. Mid-Assessment/Breastfeeding
- P. Administration
- Q. District Services
- R. Trainings/Meetings
- S. Paid Time Off (Annual Leave, Sick Leave and other Paid Leaves such as Court Leave)
- T. Mid-Certification (Infant)

UNALLOWABLE COSTS

Under no circumstances may the Federal WIC grant be charged in full or in part for the costs of services which are demonstrably outside the scope of WIC’s authorizing statute. For example, the WIC grant may be charged to screen WIC participants for immunizations and refer and follow-up on WIC participant immunizations, but WIC may not be charged for the cost to administer the shot, the vaccine or vaccine-related equipment. Further, costs which are specifically disallowed by applicable Federal cost principles may not be charged to the WIC grant.

DISTRIBUTION OF FUNDS TO STATES

Below are the pertinent provisions of the official Regulations for Distribution of Funds to the States:

(7 C.F.R. § 246.16)

(b) Distribution and application of grant funds to State agencies. Notwithstanding any other provision of law, funds made available to the State agencies for the Program in any fiscal year will be managed and distributed as follows:

(1) The State agency shall ensure that all Program funds are used only for Program purposes. As a prerequisite to the receipt of funds, the State agency shall have executed an agreement with the Department and shall have received approval of its State Plan.

(2) Notwithstanding any other provision of law, all funds not made available to the Secretary in accordance with paragraph (a)(6) of this section shall be distributed to State agencies on the basis of funding formulas which allocate funds to all State agencies for food costs and NSA costs incurred during the fiscal year for which the funds had been made available to the Department. Final State agency grant levels as determined by the funding formula and State agency breastfeeding promotion and support expenditure targets will be issued in a timely manner.

(3) *When may I transfer funds from one fiscal year to another?*

(i) *Back spend authority.* The State agency may back spend into the prior fiscal year up to an amount equal to one percent of its current year food grant and one percent of its

current year NSA grant. Food funds spent back may be used only for food costs incurred during the prior fiscal year. NSA funds spent back may be used for either food or NSA costs incurred during the prior fiscal year. With prior FNS approval, the State agency may also back spend food funds up to an amount equal to three percent of its current year food grant in a fiscal year for food costs incurred in the prior fiscal year. FNS will approve such a request only if FNS determines there has been a significant reduction in infant formula cost containment savings that affected the State agency's ability to maintain its participation level.

(ii) *Spend forward authority.*

(A) The State agency may spend forward NSA funds up to an amount equal to three (3) percent of its total grant (NSA plus food grants) in any fiscal year. These NSA funds spent forward may be used only for NSA costs incurred in the next fiscal year. Any food funds that the State agency converts to NSA funds pursuant to paragraph (f) of this section (based on projected or actual participation increases during a fiscal year) may not be spent forward into the next fiscal year. With prior FNS approval, the State agency may spend forward additional NSA funds up to an amount equal to one-half of one percent of its total grant. These funds are to be used in the next fiscal year for the development of a management information system, including an electronic benefit transfer system.

(B) Funds spent forward will not affect the amount of funds allocated to the State agency for any fiscal year. Funds spent forward must be the first funds expended by the State agency for costs incurred in the next fiscal year.

(iii) *Reporting requirements.* In addition to obtaining prior FNS approval for certain spend forward/back spending options, the State agency must report to FNS the amount of all funds it already has or intends to back spend and spend forward. The spending options must be reported at closeout.

(c) *Allocation formula.* State agencies shall receive grant allocations according to the formulas described in this paragraph. To accomplish the distribution of funds under the allocation formulas, State agencies shall furnish the Department with any necessary financial and Program data.

(1) *Use of participation data in the formula.* Wherever the formula set forth in paragraphs (c)(2) and (c)(3) of this section require the use of participation data, the Department shall use participation data reported by State agencies according to §246.25(b).

(2) *How is the amount of NSA funds determined?* The funds available for allocation to State agencies for NSA for each fiscal year must be sufficient to guarantee a national average per participant NSA grant, adjusted for inflation. The amount of the national average per participant grant for NSA for any fiscal year will be an amount equal to the national average per participant grant for NSA issued for the preceding fiscal year, adjusted for inflation. The inflation adjustment will be equal to the percentage change between two values. The first is the value of the index for State and local government purchases, as published by the Bureau of Economic Analysis of the Department of Commerce, for the 12-month period ending June 30 of the

second preceding fiscal year. The second is the best estimate that is available at the start of the fiscal year of the value of such index for the 12-month period ending June 30 of the previous fiscal year. Funds for NSA costs will be allocated according to the following procedure:

(i) *Fair share target funding level determination.* For each State agency, FNS will establish, using all available NSA funds, an NSA fair share target funding level which is based on each State agency's average monthly participation level for the fiscal year for which grants are being calculated, as projected by FNS. Each State agency receives an adjustment to account for the higher per participant costs associated with small participation levels and differential salary levels relative to a national average salary level. The formula shall be adjusted to account for these cost factors in the following manner: 90 percent of available funds shall provide compensation based on rates which are proportionately higher for the first 15,000 or fewer participants, as projected by FNS, and 10 percent of available funds shall provide compensation based on differential salary levels, as determined by FNS.

(ii) *Base funding level.* To the extent funds are available and subject to the provisions of paragraph (c)(2)(iv) of this section, each State agency shall receive an amount equal to 100 percent of the final formula-calculated NSA grant of the preceding fiscal year, prior to any operational adjustment funding allocations made under paragraph (c)(2)(iv) of this section. If funds are not available to provide all State agencies with their base funding level, all State agencies shall have their base funding level reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Fair share allocation.* Any funds remaining available for allocation for NSA after the base funding level required by paragraph (c)(2)(ii) of this section has been completed and subject to the provisions of paragraph (c)(2)(iv) of this section shall be allocated to bring each State agency closer to its NSA fair share target funding level. FNS shall make fair share allocation funds available to each State agency based on the difference between the NSA fair share target funding level and the base funding level, which are determined in accordance with paragraphs (c)(2)(i) and (c)(2)(ii) of this section, respectively. Each State agency's difference shall be divided by the sum of the differences for all State agencies, to determine the percent share of the available fair share allocation funds each State agency shall receive.

(iv) *Operational adjustment funds.* Each State agency's final NSA grant shall be reduced by up to 10 percent, and these funds shall be aggregated for all State agencies within each FNS region to form an operational adjustment fund. The Regions shall allocate these funds to State agencies according to national guidelines and shall consider the varying needs of State agencies within the region.

(v) *Operational level.* The sum of each State agency's stability, residual and operational adjustment funds shall constitute the State agency's operational level. This operational level shall remain unchanged for such year even if the number of Federally-supported participants in the program at such State agency is lower than the Federally-projected participation level. However, if the provisions of paragraph (e)(2)(ii) of this section are applicable, a State agency will have its operational level for NSA reduced in the immediately succeeding fiscal year.

(3) *Allocation of food benefit funds.* In any fiscal year, any amounts remaining from amounts appropriated for such fiscal year and amounts appropriated from the preceding fiscal year after making allocations under paragraph (a)(6) of this section and allocations for nutrition services and administration (NSA) as required by paragraph (c)(2) of this section shall be made available for food costs. Allocations to State agencies for food costs will be determined according to the following procedure:

(i) *Fair share target funding level determination.*

(A) For each State agency, FNS will establish a fair share target funding level which shall be an amount of funds proportionate to the State agency's share of the national aggregate population of persons who are income eligible to participate in the Program based on the 185 percent of poverty criterion. The Department will determine each State agency's population of persons categorically eligible for WIC which are at or below 185% of poverty, through the best available, nationally uniform, indicators as determined by the Department. If the Commodity Supplemental Food Program (CSFP) also operates in the area served by the WIC State agency, the number of participants in such area participating in the CSFP but otherwise eligible to participate in the WIC Program, as determined by FNS, shall be deducted from the WIC State agency's population of income eligible persons. If the State agency chooses to exercise the option in §246.7(c)(2) to limit program participation to U.S. citizens, nationals, and qualified aliens, FNS will reduce the State agency's population of income eligible persons to reflect the number of aliens the State agency declares no longer eligible.

(B) The Department may adjust the respective amounts of food funds that would be allocated to a State agency which is outside the 48 contiguous states and the District of Columbia when the State agency can document that economic conditions result in higher food costs for the State agency. Prior to any such adjustment, the State agency must demonstrate that it has successfully implemented voluntary cost containment measures, such as improved vendor management practices, participation in multi-state agency infant formula rebate contracts or other cost containment efforts. The Department may use the Thrifty Food Plan amounts used in SNAP, or other available data, to formulate adjustment factors for such State agencies.

(ii) *Prior year grant level allocation.* To the extent funds are available, each State agency shall receive a prior year grant allocation equal to its final authorized grant level as of September 30 of the prior fiscal year. If funds are not available to provide all State agencies with their full prior year grant level allocation, all State agencies shall have their full prior year grant level allocation reduced by a pro-rata share as required by the shortfall of available funds.

(iii) *Inflation/fair share allocation.*

(A) If funds remain available after the allocation of funds under paragraph (c)(3)(ii) of this section, the funds shall be allocated as provided in this paragraph (c)(3)(iii). First, FNS will calculate a target inflation allowance by applying the anticipated rate of food cost inflation, as determined by the Department, to the prior year grant funding level. Second, FNS will allocate 80 percent of the available funds to all State agencies in proportionate shares to meet the target inflation allowance. Third, FNS will allocate 20 percent of the available funds to each State agency which has a prior year grant level allocation, as determined in paragraph (c)(3)(ii) of this section and adjusted for inflation as determined in this paragraph (c)(3)(iii), which is still less than its fair share target funding level. The amount of funds allocated to each State agency shall be based on the difference between its prior year grant level allocation plus target inflation funds and the fair share funding target level. Each State agency's difference shall be divided by the sum of the differences for all such State agencies, to determine the percentage share of the 20 percent of available funds each State agency shall receive. In the event a State agency declines any of its allocation under either this paragraph (c)(3)(iii) or paragraph (c)(3)(ii) of this section, the declined funds shall be reallocated in the percentages and manner described in this paragraph (c)(3)(iii). Once all State agencies receive allocations equal to their full target inflation allowance, any remaining funds shall be allocated or reallocated, in the manner described in this paragraph (c)(3)(iii), to those State agencies still under their fair share target funding level.

(B) In the event funds still remain after completing the distribution in paragraph (c)(3)(iii)(A) of this section, these funds shall be allocated to all State agencies including those with a stability allocation at, or greater than, their fair share allocation. Each State agency which can document the need for additional funds shall receive additional funds based on the difference between its prior year grant level and its fair share allocation. State agencies closest to their fair share allocation shall receive first consideration.

(d) *Distribution of funds to local agencies.* The State agency shall provide to local agencies all funds made available by the Department, except those funds necessary for allowable State agency NSA costs and food costs paid directly by the State agency. The State agency shall distribute the funds based on claims submitted at least quarterly by the local agency. Where the State agency advances funds to local agencies, the State agency shall ensure that each local agency has funds to cover immediate disbursement needs, and the State agency shall offset the advances made against incoming claims as they are submitted to ensure that funding levels reflect the actual expenditures reported by the local agency. Upon receipt of Program funds from the Department, the State agency shall take the following actions:

(1) Distribute funds to cover expected food cost expenditures and/or distribute caseload targets to each local agency which are used to project food cost expenditures.

(2) Allocate funds to cover expected local agency NSA costs in a manner which takes into consideration each local agency's needs. For the allocation of NSA funds, the State agency shall develop an NSA funding procedure, in cooperation with representative local agencies, which takes into account the varying needs of the local agencies. The State agency shall consider the

views of local agencies, but the final decision as to the funding procedure remains with the State agency. The State agency shall take into account factors it deems appropriate to further proper, efficient and effective administration of the program, such as local agency staffing needs, density of population, number of persons served, and availability of administrative support from other sources.

(3) The State agency may provide in advance to any local agency any amount of funds for NSA deemed necessary for the successful commencement or significant expansion of program operations during a reasonable period following approval of a new local agency, a new cost containment measure, or a significant change in an existing cost containment measure.

(e) *Recovery and reallocation of funds.*

(1) Funds may be recovered from a State agency at any time the Department determines, based on State agency reports of expenditures and operations that the State agency is not expending funds at a rate commensurate with the amount of funds distributed or provided for expenditures under the Program. Recovery of funds may be either voluntary or involuntary in nature. Such funds shall be reallocated by the Department through application of appropriate formulas set forth in paragraph (c) of this section.

(2) *Performance standards.* The following standards shall govern expenditure performance.

(i) The amount allocated to any State agency for food benefits in the current fiscal year shall be reduced if such State agency's food expenditures for the preceding fiscal year do not equal or exceed 97 percent of the amount allocated to the State agency for such costs. Such reduction shall equal the difference between the State agency's preceding year food expenditures and the performance expenditure standard amount. For purposes of determining the amount of such reduction, the amount allocated to the State agency for food benefits for the preceding fiscal year shall not include food funds expended for food costs incurred under the spendback provision in paragraph (b)(3)(i) of this section or conversion authority in paragraph (g) of this section. Temporary waivers of the performance standard may be granted at the discretion of the Department.

(ii) *Reduction of NSA grant.* FNS will reduce the State agency's NSA grant for the next fiscal year if the State agency's current fiscal year per participant NSA expenditure is more than 10 percent higher than it is per participant NSA grant. To avoid a reduction to its NSA grant level, the State agency may submit a "good cause" justification explaining why it exceeded the applicable limit on excess NSA expenditures. This justification must be submitted at the same time as the close-out report for the applicable fiscal year. Good cause may include dramatic and unforeseen increases in food costs, which would prevent a State agency from meeting its projected participation level.

DISTRIBUTION OF FUNDS TO LOCAL AGENCIES

Title 7 of the Code of Federal Regulations, Part 246, requires each state that receives Food and Nutrition Services Administration (NSA) Funds must be assigned an initial caseload target.

The Georgia WIC Program Local Agency Funding Front-end Methodology is patterned after the Federal funding formula. The formula is designed to provide greater initial funding, but includes a reward for those local agencies that exceed the initial assigned caseload.

The methodology discussed below as Option A allows those local agencies that are experiencing growth to receive a larger share of NSA funds on the front-end. Agencies failing to meet caseload are assigned Option B for funding.

Funding Options:

A. Local agencies that meet or exceed caseload targets using the current Federal fiscal year four-month closeout, one month (30) day and one month (issued) will be assigned a new target using the highest one-month participation.

B. Local agencies that do not meet caseload targets using the current Federal fiscal year four-month closeout, one month-30 day and one month (issue) will be assigned a six-month average caseload target.

Each Federal fiscal year WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

Each Federal fiscal year, WIC management establishes the amount of NSA funds to be made available to the local agency. The local agency funding formula is established by using two (2) formulas:

1. **Initial funding dollars ÷ statewide caseload ÷ 12 months = Rate.**
2. **Caseload x Rate x 12 months = Local Agency Allocation.**

Occasionally, additional NSA funds become available for local agency allocations. The additional funds are allocated using the funding formula, but with no increase in assigned caseload.

PARTICIPANT COST ADJUSTMENT

A. Participant Cost Adjustment will be assessed to Local Agencies that are not averaging their assigned caseload for the current federal fiscal year. The adjustment will be based upon the first four (4) months closeout, the issue month and the Thirty-Day report (October through March). The monetary adjustment will be based upon six (6) months average participation times the original funding rate.

1. **Current federal fiscal year initial funding rate x current 6 month average participation x 12 months = Participant Cost Adjustment.**

B. Participant Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceed their prior year assigned caseload. This allocation will be made

based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:

- 1. Prior federal fiscal year initial funding rate x participant(s) that exceeds caseload x 12 months = Participant Cost Adjustment.**

LOCAL BUDGETS

During March through June of each fiscal year, WIC Management determines district allocations by Georgia WIC Local Agency Front-end Methodology as described above. Upon completion of the allocation, WIC Management will disseminate these allocations to the NSDs to use for district planning.

During June through July of each fiscal year, WIC Management will forward the allocations to the DPH Division of Finance to distribute to the District Board of Health Offices through its annual Budget Allotment Summary sheets.

Changes in funding levels due to changes in federal allocations are allocated based on the WIC Local Agency Funding Methodology and budget amendments are made through the Budget Allotment Summary sheets.

Changes due to individual local agency needs are allocated based on special project requests. Districts requiring additional funding for projects such as clinic renovations are required to submit proposals including cost estimates and architectural plans. Once approved by Georgia WIC, Georgia WIC will submit to USDA for approval. Once USDA approves such projects, funds for that project are distributed through Budget Allotment Summary sheets.

PERFORMANCE STANDARDS

WIC Management may establish performance standards that may increase participation over and above the assigned caseload formula.

DEVELOPMENT OF ALLOCATION STANDARDS FOR DISTRICTS

When necessary, the WIC Director will convene a committee to develop allocation standards. This committee will consist of District Health Directors, District Health Administrators, District Nutrition Services Directors (NSDs) and the appropriate state level staff. The WIC Director will charge this committee with making recommendations for allocation standards and formula adjustments when appropriate.

COST- RELATED COMPLIANCE REQUIREMENTS

WIC's authorizing statute and program regulations at 7 CFR §246.14(c) require a State to incur a stated level of cost for each of two functions, nutrition education and breastfeeding promotion and support. 7 CFR §246.14 provides, in pertinent part:

(c) *Specified allowable nutrition services and administration costs.* Allowable nutrition services and administration (NSA) costs include the following:

(1) The cost of nutrition education and breastfeeding promotion and support which meets the requirements of §246.11. During each fiscal year, each state agency shall expend, for nutrition education activities and breastfeeding promotion and support activities, an aggregate amount that is not less than the sum of one-sixth of the amount expended by the state agency for costs of NSA and an amount equal to its proportionate share of the national minimum expenditure for breastfeeding promotion and support activities. The amount to be spent on nutrition education shall be computed by taking one-sixth of the total fiscal year NSA expenditures. The amount to be spent by a state agency on breastfeeding promotion and support activities shall be an amount that is equal to at least its proportionate share of the national minimum breastfeeding promotion expenditure as specified in paragraph (c)(1) of this section. The national minimum expenditure for breastfeeding promotion and support activities shall be equal to \$21 multiplied by the number of pregnant and breastfeeding women in the Program, based on the average of the last three months for which the Department has final data. On October 1, 1996 and each October 1 thereafter, the \$21 will be adjusted annually using the same inflation percentage used to determine the national administrative grant per person. If the state agency's total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures, FNS will issue a claim for the difference. The state agency may request prior written permission from FNS to spend less than the required portions of its NSA grant for either nutrition education or for breastfeeding promotion and support activities. FNS will grant such permission if the state agency has sufficiently documented that other resources, including in-kind resources, will be used to conduct these activities at a level commensurate with the requirements of this paragraph (c)(1). However, food costs used to purchase or rent breast pumps may not be used for this purpose. Nutrition education, including breastfeeding promotion and support, costs are limited to activities which are distinct and separate efforts to help participants understand the importance of nutrition to health. The cost of dietary assessments for the purpose of certification, the cost of prescribing and issuing supplemental foods, the cost of screening for drug and other harmful substance use and making referrals to drug and other harmful substance abuse services, and the cost of other health-related screening shall not be applied to the expenditure requirement for nutrition education and breastfeeding promotion and support activities. The Department shall advise state agencies regarding methods for minimizing documentation of the nutrition education and breastfeeding promotion and support expenditure requirement. Costs to be applied to the one-sixth minimum amount required to be spent on nutrition education and the target share of funds required to be spent on breastfeeding promotion and support include, but need not be limited to:

- (i) Salary and other costs for time spent on nutrition education and breastfeeding promotion and support consultations whether with an individual or group;
- (ii) The cost of procuring and producing nutrition education and breastfeeding promotion and support materials including handouts, flip charts, filmstrips, projectors, food models or other teaching aids, and the cost of mailing nutrition education or breastfeeding promotion and support materials to participants;
- (iii) The cost of training nutrition or breastfeeding promotion and support educators, including costs related to conducting training sessions and purchasing and producing training materials;

- (iv) The cost of conducting evaluations of nutrition education or breastfeeding promotion and support activities, including evaluations conducted by contractors;
 - (v) Salary and other costs incurred in developing the nutrition education and breastfeeding promotion and support portion of the State Plan and local agency nutrition education and breastfeeding promotion and support plans; and
 - (vi) The cost of monitoring nutrition education and breastfeeding promotion and support activities.
- (2) The cost of Program certification, nutrition assessment and procedures and equipment used to determine nutritional risk, including the following:
- (i) Laboratory fees incurred for up to two hematological tests for anemia per individual per certification period. The first test shall be to determine anemia status. The second test may be performed only in follow up to a finding of anemia when deemed necessary for health monitoring as determined by the WIC state agency;
 - (ii) Expendable medical supplies;
 - (iii) Medical equipment used for taking anthropometric measurements, such as scales, measuring boards, and skin fold calipers; and for blood analysis to detect anemia, such as spectrophotometers, hematofluorometers and centrifuges; and
 - (iv) Salary and other costs for time spent on nutrition assessment and certification.
- (3) The cost of outreach services.
- (4) The cost of administering the food delivery system, including the cost of transporting food.
- (5) The cost of translators for materials and interpreters.
- (6) The cost of fair hearings, including the cost of an independent medical assessment of the appellant, if necessary.
- (7) The cost of transporting participants to clinics when prior approval for using Program funds to provide transportation has been granted by the state agency and documentation that such service is considered essential to assure Program access has been filed at the state agency. Direct reimbursement to participants for transportation cost is not an allowable cost.
- (8) The cost of monitoring and reviewing Program operations.
- (9) The cost, exclusive of laboratory tests, of screening for drug and other harmful substance use and making referrals for counseling and treatment services.
- (10) The cost of breastfeeding aids which directly support the initiation and continuation of breastfeeding.

Each health district is responsible for expending 22% (twenty-two percent) of its total expenditures towards Nutrition Education and 9% (nine percent) of its total expenditures toward Breastfeeding Education and Promotion. Failure to expend the required amount will result in the following Federal fiscal year allocation being reduced by the difference.

III. METHOD FOR CHARGING THE COST OF WAGES AND SALARIES

AUTHORITY

A state or local agency must record data on WIC employees and non WIC paid employees that perform WIC services. Time and effort of employees engaged in WIC cost objectives must provide documentation supporting the distribution of time and effort. The recording of employees compensated time to WIC must be supported by a Personnel Activity Record System (PARS). This documentation should reflect a real time recording of the actual activity performed.

PERSONNEL ACTIVITY REPORT SYSTEM (PARS)

Personnel Activity Report System (PARS) is a time keeping system that allows you to post time for WIC services. This document will illustrate a step by step method of recording time spent for Programs and Activities.

RULES FOR PARS

- All 100% WIC paid employees must record a full day work by Program and Activity using PARS
- All non WIC paid employees that perform any WIC services must record a full day of work by Program and Activity using PARS.
- Non WIC paid employees that do not perform any WIC services are not required to use PARS
- WIC dollars will not be allocated to paid non WIC staff for paid time off (breaks, sick, vacation, etc.) unless the non WIC paid employees record all Programs and Activities for a full work day on a daily basis using PARS
- If a non WIC paid employee records a full day's work by Program and Activity, WIC's fair share may be allocated using PARS for charges distributed across all Programs for paid time off
- WIC cannot be charged for employees that are paid via Local Agency's State Approved Cost Allocation Plan (Indirect cost)
- WIC cannot be charged for employees that are paid via County's Approved Central Services Cost Allocation Plan
- All history to be maintained for each employee regardless of employee's status changes from WIC District to Non-WIC Direct and back.

SPECIAL REPORTS

The district will be able to create ad hoc district specific reports using the limited data elements used for the Georgia State Reports (line lists can be obtained via CSV files). Reports cannot be created if the data elements are not currently captured.

PERSONNEL ACTIVITY REPORT SYSTEMS (PARS) ACCESS



Locate the PARs icon then double click to open the application
 Enter your Employee ID- numeric field that must be at least 6 characters in length.
 Enter Password- Passwords must be at least 4 characters in length. Input can be alpha or numeric or a combination.



If you have forgotten your password, click on the “Forget Your Password?” located at the bottom of the PARs Login window. The below window will appear. You will need to contact the Help Desk at **(800)796-1850** for a reset. Please provide the Help Desk with your Employee ID and Full Name.



Once the application has been launched the following screen displays. PARs displays with tabs for easy access. The PARs tab is for time entry and the Reports tab displays the reports available to you based on the permissions assigned to your login. Every user will have a reports tab that will include at least one report that allows you to monitor your daily time entry.

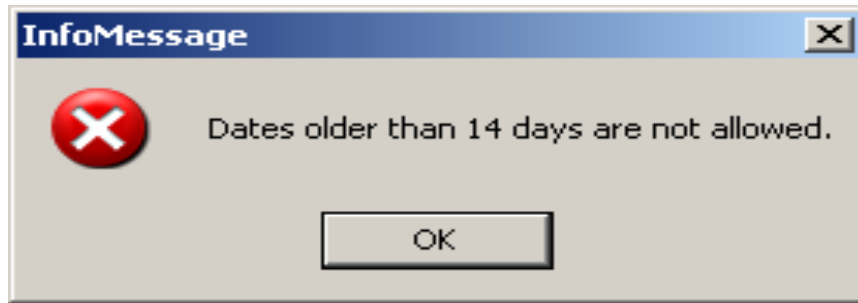
PROGRAM / ACTIVITIES

There are multiple Programs and Activities to choose from. Selecting a Program on the right will display the Activities associated with that program below. Break has been added for time entry to all Programs. Paid Time Off is currently only associated with the WIC Program. You will notice the WIC Program is the default upon entry into PARs.

The screenshot shows the PARs software interface. At the top, there are two tabs: "PARs" and "Reports". The "PARs" tab is active. The interface is divided into several sections:

- PARs Section:** Contains fields for "Clinic" (a dropdown menu with "999" selected), "Date" (a date picker showing "12/20/2010"), "WIC ID" (an empty text box), and "Time in Minutes" (a spinner box showing "0"). Below these are three rows of "Group WIC ID" fields.
- Program Section:** A dropdown menu with "WIC" selected. Other options include "Adolescent and Adult Health", "Adult Essential Health Treatn", "Emergency Preparedness-Tr", "Epidemiology", "Immunization", and "Infant & Child Essential Heal".
- Activity Section:** A dropdown menu with "Voucher Issuance" selected. Other options include "Intake", "Individual Nutrition Ed.", "Nutrition Ed. VICS", "Group Nutrition Ed.", "Non-Client Nutrition Ed.", "BF Ed.", "BF Ed. VICS", "Group BF Ed.", "Non-Client BF Ed.", "Client Services", "Non-Client WIC Services", "Client Ineligible for Service", "WIC Administration", "PTO - Paid Time Off", and "Break - WIC".
- Entry Status:** A large empty text area.
- History Table:** A table with columns: Employee ID, Clinic, Wic ID, Activity, Date, and Time. The first row has a right-pointing arrow in the Employee ID column and " / / 0" in the Date and Time columns.
- Buttons:** "Save", "Edit", "Refresh", and "Exit" are located at the bottom.
- Footer:** "Todays time: Minute" is displayed in blue text.

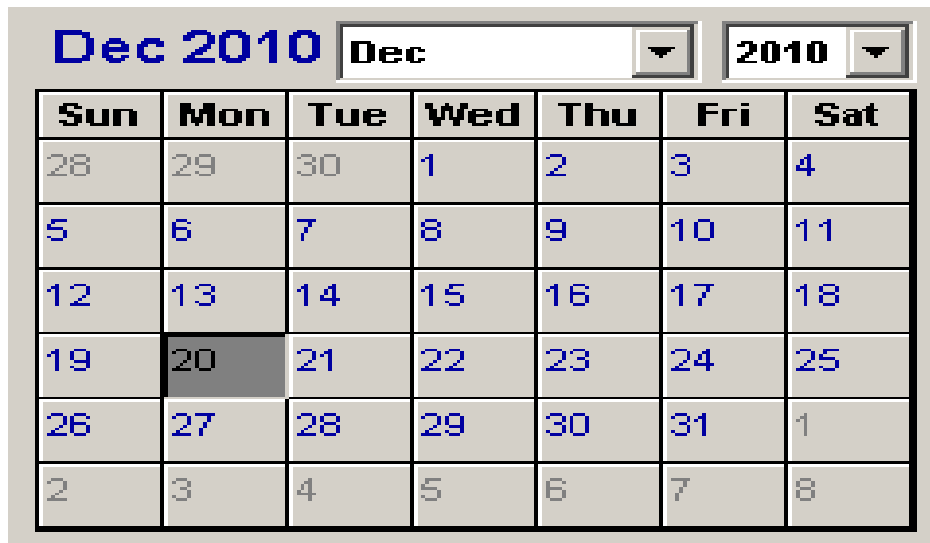
- **Clinic** – Choose the Clinic where services are being provided from the drop down.
- **Date** - The Date defaults to today’s date, but can be modified if posting time for a previous date up to 14 calendar days. If a date is entered older than 14 calendar days the following message will display. You will need to correct the date field before proceeding.



Note: If the date field is modified, that date will remain on all entries until a new date is added.



Next to the date field is an ellipsis. By clicking on this button a calendar will display. You can click on a specific day in the calendar which will populate the Date on the time entry screen.



- **WIC ID** – Enter a valid WIC ID for the WIC client in which services have been provided.

The screenshot shows the PARs software interface. It is divided into two main sections: 'PARs' and 'Reports'.
PARs Section:
 - **Clinic:** A dropdown menu with '999' selected.
 - **Date:** A date field with '12/28/2010' and a calendar icon.
 - **WIC ID:** A text field with '01105147678'.
 - **Time in Minutes:** A spinner field with '75' and a blue label '1 Hr 15 Minutes' below it.
 - **Group WIC ID:** Three empty text fields.
 - **Entry Status:** An empty text area.
 - **History Table:** A table with columns: Employee ID, Clinic, WicID, Activity, Date, Time. The first row contains: 9999999991, 999, , Non-Client Nutrition Ed., 12/06/10, 15.
Reports Section:
 - **Program:** A dropdown menu with 'WIC' selected. Other options include Adolescent and Adult Health, Adult Essential Health Treatn, Emergency Preparedness-Tr, Epidemiology, Immunization, Infant & Child Essential Heal.
 - **Activity:** A dropdown menu with 'Intake' selected. Other options include Voucher Issuance, Individual Nutrition Ed., Nutrition Ed. VICS, Group Nutrition Ed., Non-Client Nutrition Ed., BF Ed., BF Ed. VICS, Group BF Ed., Non-Client BF Ed., Client Services, Non-Client WIC Services, Client Ineligible for Service, WIC Administration, PTO - Paid Time Off, Break - WIC.
Buttons: Save, Edit, Refresh, and Exit are located at the bottom of the interface.

- **Time** – You can select the amount of time spent providing the service by clicking the up/down arrows to the right of the field. The time may also be manually entered in minutes.

NOTE: If 1 hour 15 minutes was spent on an activity the time must be entered as 75 minutes. The screen clip gives you an example of how the Time entry should appear. The time will be entered in minutes, notice below the Time Entry field that the hour and minute displays for you to verify that the time entered is correct.

- **Activity** – Choose from the list the type of service being provided. There are now sixteen options to choose from under the WIC Program:
 - a) Voucher Issuance
 - b) Intake
 - c) Individual Nutrition Ed.

- d) Nutrition Ed. VICS (video conferencing)
 - e) Group Nutrition Ed.
 - f) Non-Client Nutrition Ed.
 - g) BF Ed.
 - h) BF Ed. VICS
 - i) Group BF Ed.
 - j) Non-Client BF Ed. – No WIC ID Required
 - k) Client Services
 - l) Non-Client WIC Services – No WIC ID Required
 - m) Client Ineligible for Service – No WIC ID Required
 - n) WIC Administration – No WIC ID Required
 - o) PTO – Paid Time Off – No WIC ID Required
 - p) Break – No WIC ID Required
- **WIC client based services that must include the WIC ID number are:**
 1. Client Services
 - Height and weight measurements done by non CPA staff, hemoglobin done by non CPA staff, interpreter services that are not specifically nutrition education or breastfeeding, certification procedures that are not specifically nutrition education or breastfeeding. Phone calls that can be tied to a WIC ID number and is easily accessible.
 2. Individual Nutrition Education
 - Nutrition education provided by CPA's at certification, recertification, voucher pickup, infant mid assessment, or secondary contact (Low or high risk follow up).
 - Low risk secondary education provided by a Nutrition Assistant (NA).
 - Language interpretation for nutrition education.
 3. Group Nutrition Education.
 - Group setting nutrition education provided by CPA or NA.
 - Language interpretation for group nutrition education.
 - Group nutrition education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.
 4. Nutrition Education VICS
 - Individual nutrition education provided to clients by CPA'S via VICS at certification, recertification, voucher pick up, infant mid assessment or secondary contact
 - Low risk secondary education provided by CPA or NA via VICS
 - Language interpretation for nutrition education provided via VICS

5. Individual Breast Feeding Education.

- Nutrition education related to breastfeeding provided by CPA's at certification, recertification, infant mid assessment, or secondary contact (low or high risk follow up).
- Low risk secondary education provided by a Nutrition Assistant (NA).
- Language interpretation for individual breastfeeding education.

6. Group Breastfeeding Education

- Group setting breastfeeding nutrition education provided by CPA or NA
- Language interpretation for group breastfeeding education.
- Group breastfeeding education documentation will require multiple WIC ID numbers. You will enter each WIC ID number and the total number of minutes for the class. The system will calculate time per participant based on the total time and total number of participants.

7. Breastfeeding Education VICS

- Individual breastfeeding education provided to clients by CPAS via VICS at certification, recertification, voucher pick up, infant mid assessment or secondary contact
- Low risk secondary breastfeeding education provide by CPA or NA via VICS
- Language interpretation for breastfeeding education provided via VICS

8. Voucher Issuance

- Vouchers issued to clients at certification, recertification, infant mid assessment, or secondary contact (Low or high risk follow up).
- Language interpretation for voucher issuance

9. Intake

- At certification and recertification when income, ID, residency and demographics are collected and financial eligibility is determined.
- Language interpretation at intake process.

10. Nutrition Education VICS

- Nutrition education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS.

11. Breastfeeding Education VICS

- Breastfeeding education as during certification and recertification, or delivery of secondary and high risk nutrition education when used via VICS.

• **WIC client based services that are not tied to a WIC ID number are:**

1. Non-client WIC services

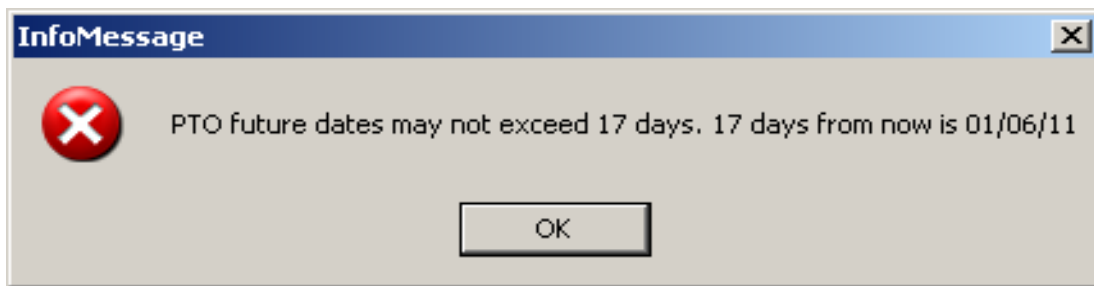
- WIC services that are provided to benefit WIC or potential WIC clients

- Examples include phone calls, appointments without ID number, reports, chart audits, batching, equipment maintenance, creating client schedules, inventories, ordering medical supplies, making copies, , staff meeting, and language interpretation for any of the above.
2. Client ineligible for service
 - Time spent on intake and client cannot be assigned WIC ID # due to ineligibility.
 3. Non-client Nutrition Education
 - Time spent on non client nutrition education such as nutrition education displays, bulletin boards, class prep, and nutrition education material creation, and annual nutrition education plan, procurement of nutrition education supplies, continuing nutrition education for staff, language interpretation for any of the above.
 4. Non-client Breastfeeding Education
 - Time spent on non client breastfeeding education such as breastfeeding coordinator activities, preparing breastfeeding classes, breastfeeding displays, bulletin boards, breastfeeding education material creation, procurement of breastfeeding supplies, breastfeeding continuing education for staff, and language interpretation for any of the above.
 5. WIC Administration
 - Any paid personnel time spent to the benefit of the WIC program that cannot be tied to another activity or cost objective. Example, personnel management (performance management plan), preparing/reviewing reports such as participation, processing standards, etc.
 6. WIC PTO (Paid Time Off)
 - Staff paid from the 301 cost pool budget would put their annual and sick leave in this category
 - Staff paid from the 001 county budgets can only count a proportion of their time to this category based on the percentage of time they work on WIC services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.
 7. Break – WIC
 - Staff paid from 301 cost pool budget would put any paid break time in this category. Note, lunch is non paid time and should not be entered into the Break-WIC activity.
 - Staff paid from the 001 county budgets can only enter a proportion of their time in this category based on the percentage of time that they perform WIC

services if they do continuous time reporting, i.e. record every minute of every day they work. Example, they must record their full day on the days they work in the WIC program and the days they don't do any work in the WIC program.

Once the information has been input, click the Save button. The information will immediately be sent to CSC via WebServices. You will need to ensure the computer has internet access. If a Client has had multiple services provided, you can choose each one individually and enter a line for each service provided and amount of time spent.

NOTE: The ID number will remain for additional activities until a new ID is entered. PTO (Paid Time Off) is a new activity. This is the only activity within PARs that allows you to post date time to the system. Your entries can be entered for up to 17 days in advance. PARs will display the following message if you exceed the date range. The error message also displays the date that cannot be exceeded for your convenience. This date is calculated 17 days out from today's date.



The following is a list of Programs and Activities, available in PARs for time entry.

WIC

- Voucher Issuance
- Intake
- Individual Nutrition Ed.
- Nutrition Ed. VICS
- Group Nutrition Ed.
- Non-Client Nutrition Ed. - No WIC ID Required
- BF Ed.
- BF Ed. VICS
- Group BF Ed.
- Non-Client BF Ed. - No WIC ID Required
- Client Services
- Non-Client WIC Services - No WIC ID Required
- Client Ineligible for Service - No WIC ID Required

- WIC Administration - No WIC ID Required
- PTO – Paid Time Off
- Break-WIC

Adolescent and Adult Health Promotion

- Adolescent Health and Youth Development
- Cancer Screening and Prevention
- Family Planning
- Health Promotion
- Tobacco Use Prevention
- Break-Adolescent and Adult Health Promotion

Adult Essential Health Treatment Services

- Cancer State Aid
- Hypertension Management
- Refugee Health Services
- Break – Adult Essential Health Treatment Services

Emergency Preparedness-Trauma System

- Emergency Medical Services
- Preparedness Coordination for Emergencies
- Trauma System
- Injury Prevention
- Break – Emergency Preparedness- Trauma System

Epidemiology

- Epidemiology
- Laboratory Services-Health Info & Assessment
- Break – Epidemiology

Immunization

- Immunization
- Break – Immunization

Infant & Child Essential Health Treatment Services

- Babies Born Healthy
- Babies Can't Wait

- Children's Medical Services
- Genetics/Sickle Cell
- Infant & Child Oral Health
- Prenatal/Maternal Health
- Regional Tertiary Care Centers
- Break – Infant & Child Essential Health Treatment

Infant & Child Health Promotions

- Comprehensive Child Health
- ICHP Lab Services
- Nutrition-Woman, Infants and Children
- Break - Infant & Child Health Promotions

Infectious Disease Control

- HIV/Aids
- Laboratory-Infectious Disease
- Sexually Transmitted Disease Treatment and Control
- Tuberculosis Treatment and Control
- Break - Infectious Disease Control

Inspections and Environmental Hazard Control

- Environmental Health
- Laboratory - Environmental Health
- Break - Inspections and Environmental Hazard

County Services

- County Services
- Break - County Services

GROUP ACTIVITY

When entering any type of group education classes in the activity box, a pop up screen will appear that allows you to enter the number of clients participating in the class, up to 100. The screen defaults to 10 available spaces for ID numbers. Enter the number of clients attending the class in the specified box. This will expand the number of ID boxes available for entry. See the example below.

Group Education Entry				
How many Participants in this group education?	Clinic	Date	Time in Minutes	
<input type="text" value="100"/>	<input type="text" value="999"/>	<input type="text" value="12/20/2010"/>	<input type="text" value="0"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="button" value="Save"/>		<input type="button" value="Cancel"/>		

Enter the ID#'s in the spaces provided then enter the time in minutes for the length of the class. Upon Save you will be taken back to the main PARs screen, the information will display in the Grid.

The ID#'s displayed in the Grid are the beginning ID # of each set of 10. To edit a specific group make the selection in the Grid then select Edit to make the appropriate changes. The time entered will automatically break down accordingly, based on the number of participants attending and the length of the class for the group.

By monitoring the Grid, it identifies whether CSC received your entry successfully or if there was a problem with the record. The Grid will display entries in, Green, Blue or Red.

Green – Successful record has been sent to CSC.

Blue – If a record displays in Blue in the Grid once Save has been pressed, this means that the record has not yet been sent to CSC. You should check and verify if you are able to access the internet, if not, the record will be sent once connection is restored. If you find you are able to access the internet successfully, but the record is still not sending, please contact the CSC help desk at (800)796-1850 for assistance.

Red - If a record is displayed in red verify the information input is correct. The Entry Status box, displays the information that needs verification. If this is one of the Group Activities, and an invalid ID(s) display in the Entry Status field, you will need to select the appropriate entry from the Grid and click the edit button to display the Group WIC ID's assigned to the activity.

If the participant was terminated and is coming back onto the program, or if they are a new participant the ID# will not yet be on file. If you determine that all information is correct leave the record as is, then once the ID# is in the CSC database the record will update when Save is selected.

NOTE: If the record returns as Green nothing will appear in the Entry Status Box.

To Edit, select the record in the Grid by clicking in the gray box to the left of the ID#, this will place an arrow next to the record, then press Edit. This places the information at the top of the time entry window where corrections can be made. Editing cannot be done within the Grid. Once the corrections have been made, press Save to update the information.

If you determine you have selected the incorrect record in the Grid or the record does not need editing, you may click the Undo button. This will take you back to the point before Edit was pressed.

PARs EMPLOYEE EDITS

PARs, has an Administrative function that allows you as an Administrator to Add/Edit Employee information. CSC still maintains the Administrator setup for PARs, but once setup, the Administrator can maintain employee information within their district.

This document will walk you through the procedures for adding, editing or deactivating an employee.

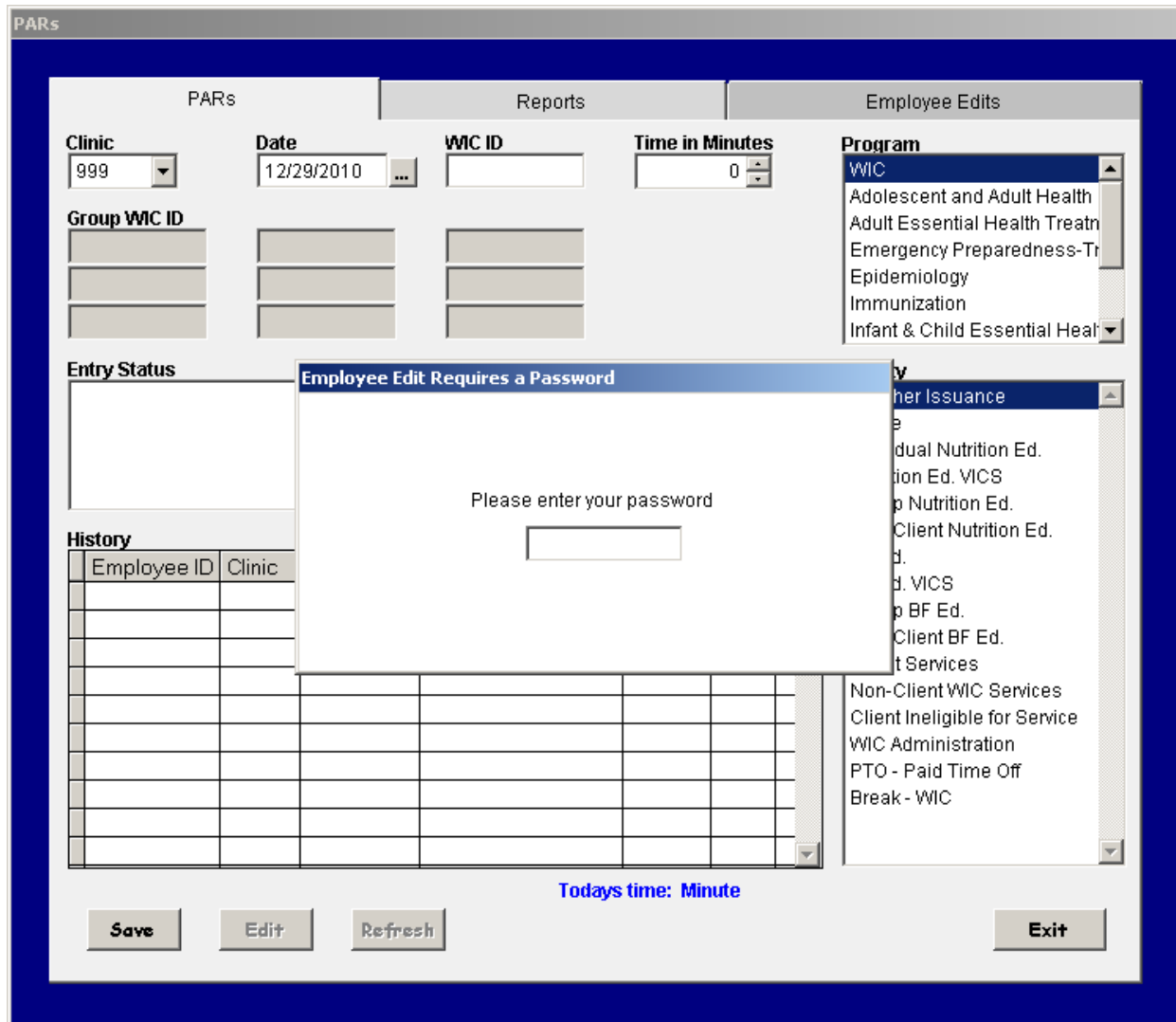
To access the Employee screen, click on the Employee Edits tab.

The screenshot shows the 'Employee Edits' tab in the PARs software. The interface includes the following elements:

- PARs Tab:** Contains a 'Clinic' dropdown menu (set to '999'), a 'Date' field with a calendar icon (set to '12/29/2010'), a 'WIC ID' text input field, and a 'Time in Minutes' spinner control (set to '0').
- Group WIC ID:** A table with three rows and three columns for entering group WIC IDs.
- Entry Status:** A large text area for entering the entry status.
- Activity:** A dropdown menu showing various activity types, with 'Voucher Issuance' selected. Other options include Intake, Individual Nutrition Ed., Nutrition Ed. VICS, Group Nutrition Ed., Non-Client Nutrition Ed., BF Ed., BF Ed. VICS, Group BF Ed., Non-Client BF Ed., Client Services, Non-Client WIC Services, Client Ineligible for Service, WIC Administration, PTO - Paid Time Off, and Break - WIC.
- History Table:** A table with columns for Employee ID, Clinic, Wic ID, Activity, Date, and Time. It contains several empty rows for recording history.
- Buttons:** 'Save', 'Edit', 'Refresh', and 'Exit' buttons are located at the bottom of the window.
- Status:** A status indicator at the bottom center reads 'Todays time: Minute'.

Note: This tab is only available if an Employee has been granted Administrative access to PARs.

Since this is an Administrative function you will be required to re-enter your password to gain access. Below is an example of the password screen.



Once you have entered your password, press <Enter>. If you have entered an invalid password you will receive the following message.



Click Ok. This will take you back to the PARs screen, click Employee Edits tab again to be prompted to enter the password. Then press the <Enter> on your keyboard.

Once you have entered the correct password, you will then be taken into the Employee screen.

The screenshot shows a software window titled "PARs" with three tabs: "PARs", "Reports", and "Employee Edits". The "PARs" tab is active. The interface includes several input fields: "Employee ID" (with a dropdown arrow), "First Name", "Last Name", and "Pay Rate with fringe" (with "****" as a placeholder). Below these is a dropdown for "Employee WIC Type" and a checkbox for "Run Reports". A section titled "Available Clinics for DU" has a dropdown set to "011" and a list of clinics: 008 BARTOW CO, 023 CATOOSA CO, 027 CHATTOOGA CO, 041 DADE CO, 057 FLOYD CO, 064 GORDON CO, 071 HARALSON CO, 110 PAULDING CO, 115 POLK CO, 146 WALKER CO, 215 POLK CO-ROCKMART, and 233 CATOOSA CO-. To the right of this list are two buttons: "Add To >>>" and "Add all Clinics in DU to ID >>>". Further right is a table titled "Employee Clinics" with columns "Clinic" and "Active". At the bottom of the window are three buttons: "Save", "Undo", and "Deactivate Emp ID".

Enter the Employee number, if this is a new Employee, you will need to enter the First Name, Last Name and the Pay Rate with Fringe. This will be the employee’s hourly rate of pay. You will need to key the decimal between the dollars and cents.

NOTE: The rate of pay will display with asterisks until you place the cursor within this field.

Choose the Employee WIC Type from the drop down. The options available are 100% WIC or Non-WIC.

Place a check mark in the box next to reports if the employee should be granted permissions to run All PARs reports. **Do not place a check mark in this box for the employee to access their personal Daily activity report. All employees have permissions to access their personal time entry report.**

Select the clinic on the left side of the window, the employee is to be assigned to, then click the Add To button to add that clinic to the grid on the right side of the window. If they are to be

assigned to more than one clinic select the next clinic, then the Add to button again for each clinic. If the employee needs to be assigned to all clinics within the district then choose the “Add all Clinics in DU to ID”.

NOTE: The clinic selection is limited to the Clinics within your district unit.


Once the clinic(s) is selected and added to the Grid a check mark will be placed in the Active box located next to the clinic in the Grid. See the screen clip below to see how the window will appear.

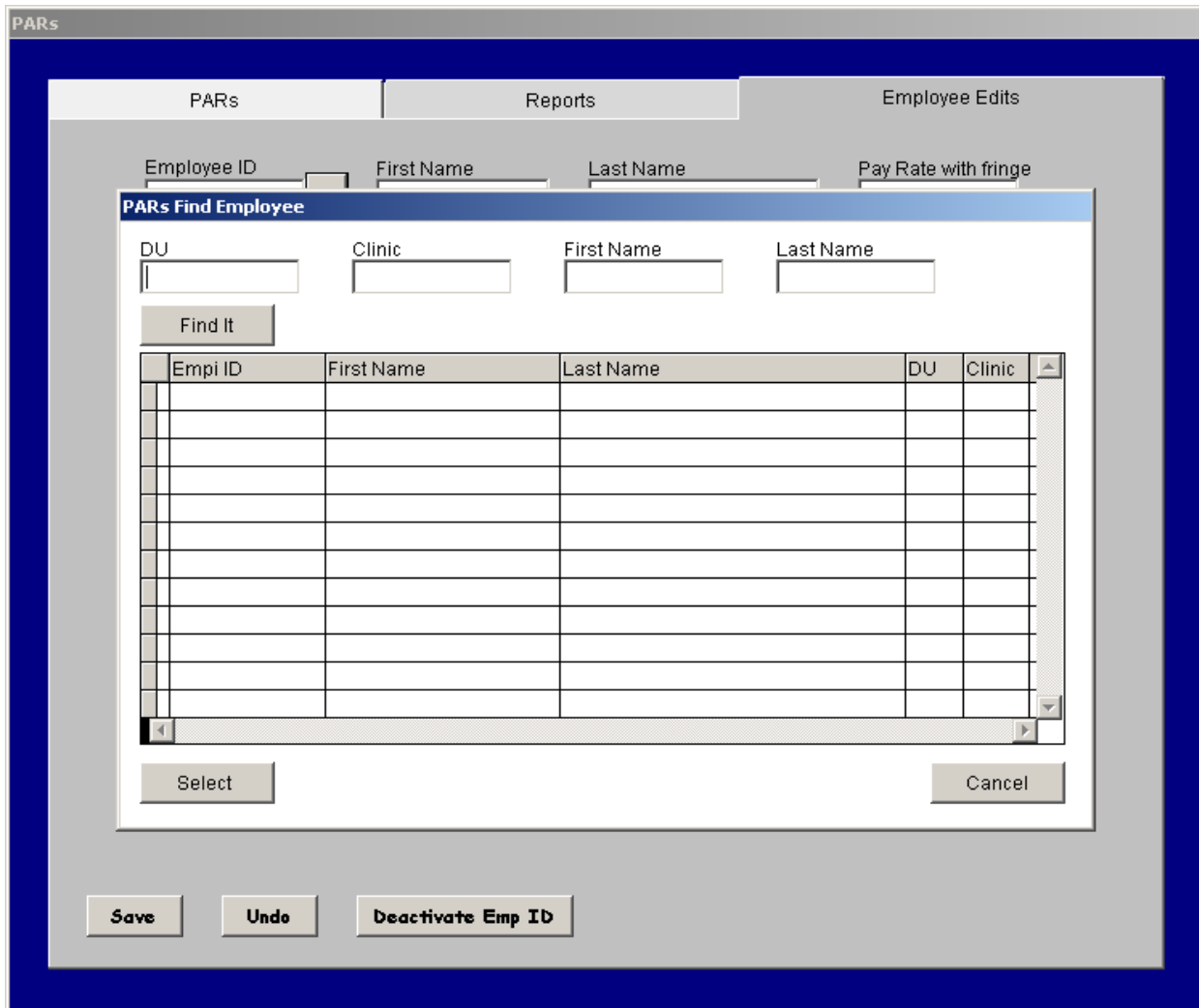
The screenshot shows the 'PARs' software window with three tabs: 'PARs', 'Reports', and 'Employee Edits'. The 'PARs' tab is active. It contains the following fields and controls:

- Employee ID:** 999999991 (with an ellipsis button for search)
- First Name:** Csc 1
- Last Name:** Test
- Pay Rate with fringe:** ****
- Employee WIC Type:** 100% WIC (dropdown menu)
- Run Reports:**
- Available Clinics for DU:** 011 (dropdown menu)
- Clinic List:** A list of clinics including BARTOW CO, CATOOSA CO, CHATTOOGA CO, DADE CO, FLOYD CO, GORDON CO, HARALSON CO, PAULDING CO, POLK CO, WALKER CO, POLK CO-ROCKMART, and CATOOSA CO-.
- Buttons:** 'Add To >>>', 'Add all Clinics in DU to ID >>>', 'Save', 'Undo', and 'Deactivate Emp ID'.
- Employee Clinics Table:** A table with columns 'Clinic' and 'Active'. The first row shows Clinic '999' with a checked 'Active' box.

If you have selected an incorrect clinic from the list, you can click in the column labeled Active to remove the check mark, next to that clinic.

Click Save. This will add the employee information to the employee database, stored at CSC.

To search for an employee click on the ellipses next to the employee ID.  This activates the Search window,



A search can be defined by District/Unit, Clinic First Name or Last name, then click Find It. If available the employees information will display in the Grid. To select the employee click in the Gray box to the left of the employee ID this will place an arrow next to the employee, click Select.

The Undo button will allow you to remove information that was keyed, if Save has not yet been selected, it will not remove an employee.

Deactivate Emp ID: Enter the employee ID and select the Deactivate Emp ID Button, this removes the check mark from Emp_active status field within the grid. This will remove the check marks from **all** clinics they have been assigned to. If they only need to be deactivated from certain clinics, in this case, you would only need to click on the check box to remove the check mark from that specific clinic assignment so they will not be able to add time for that clinic. Once you have completed this step, click Save.

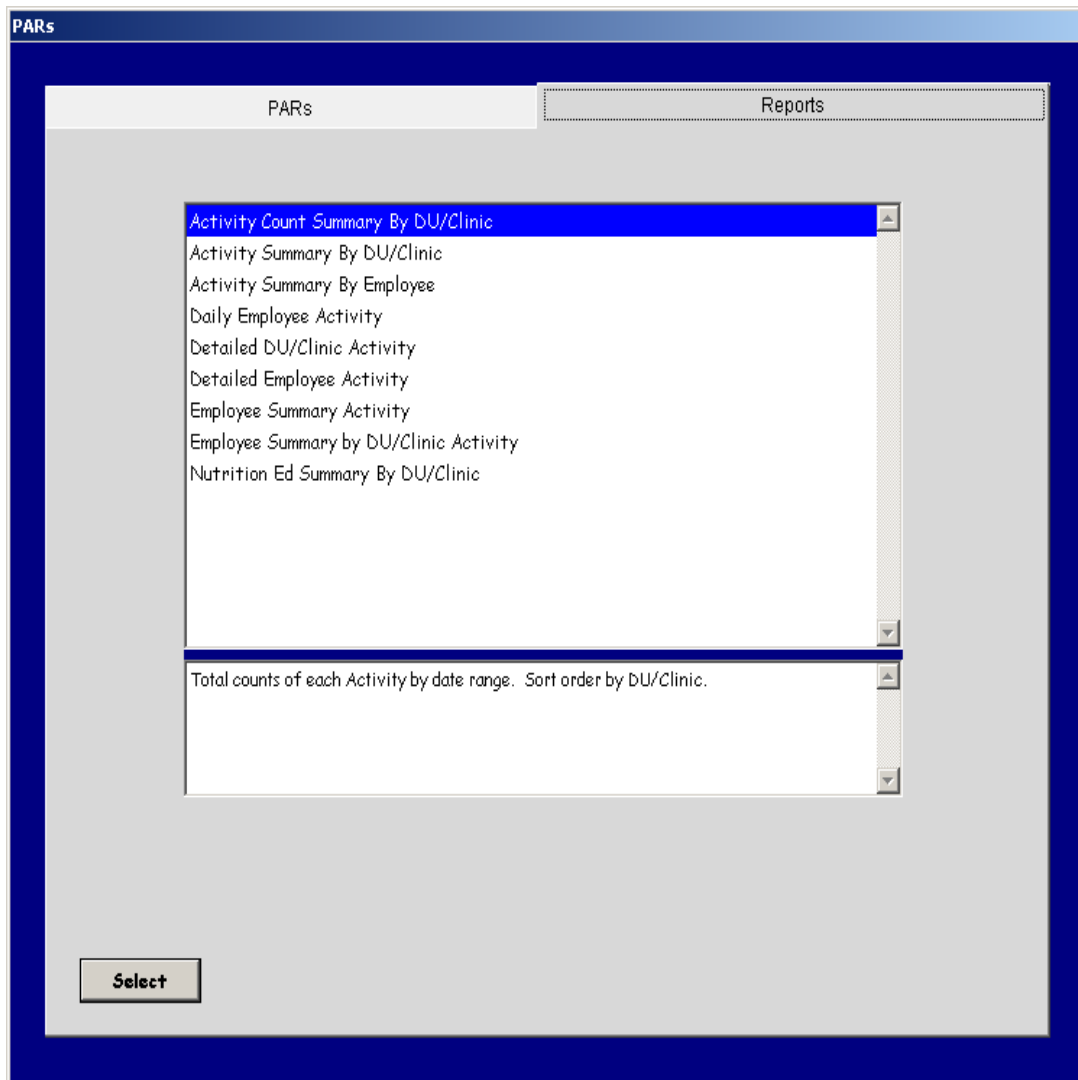
To Edit an Employees record, such as changing their rate of pay or correcting the spelling of a name. Access employee edit as above, then enter the Employee ID, this will populate the fields with the employee's information. To Edit the Rate of Pay click in that field and change the pay rate. **NOTE:** The rate of pay will display with asterisks until you place the cursor within this field. Click Save.

PARs REPORTS

PARs reports are accessible through the PARs time keeping system. The ability to run PARs reports is available to employees who have been given rights by their PARs Administrator within the District.

Note: The PARs Report tab is available to all users so that they may monitor their daily time entry input.

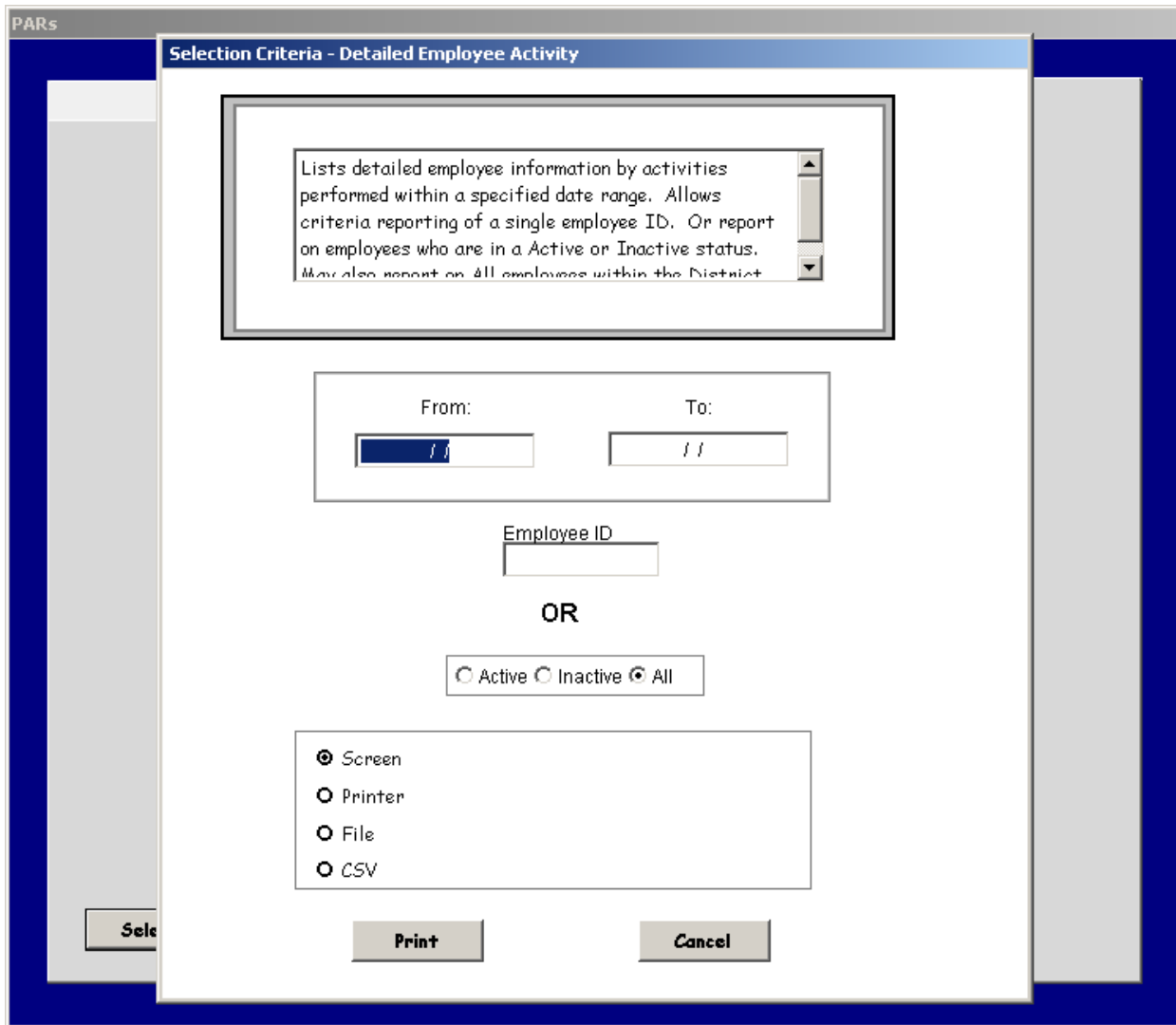
From the PARs time keeping screen click on the Reports tab.



This document is an overview of the catalog of reports available in PARs.

- You may select a report by double clicking on a report name or by clicking on a report name then choosing the select button in the lower left portion of the screen.

Below is a view of the Selection criteria window.



Each selection criteria screen contains a description of the report. The criterion shown depends on the report selected. Each selection criteria window contains the following radio button options.

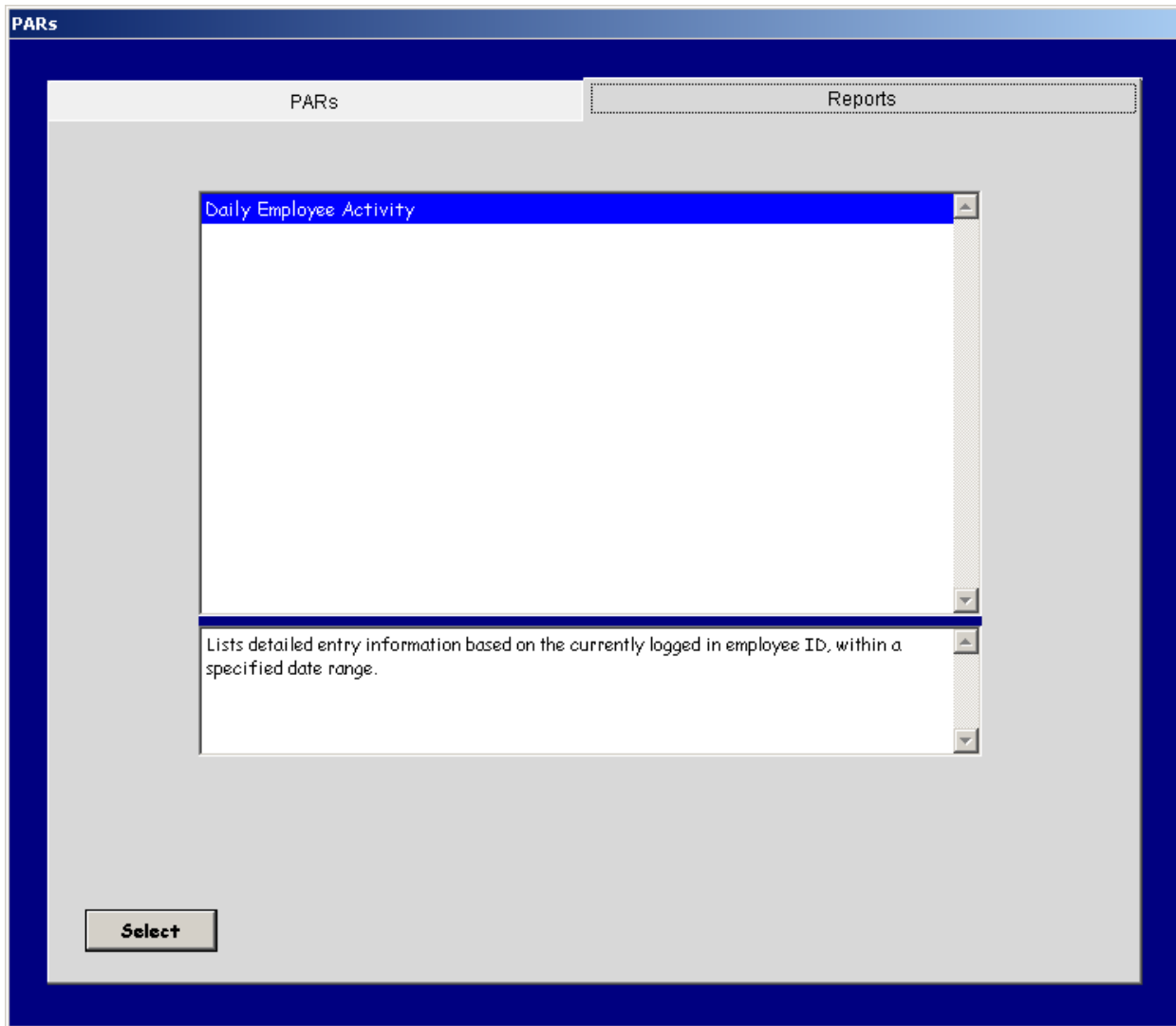
- Screen – This allows you to display the report on screen instead of printing.
- Printer – Sends the selected report to the default printer.
- File – Allows printing to a designated file on your local computer or a network drive.
- CSV - By selecting to print to CSV creates a CSV folder in the C:\Program Files\PARs folder. The CSV report is saved in an Excel Spreadsheet format.

Reports Available in PARS

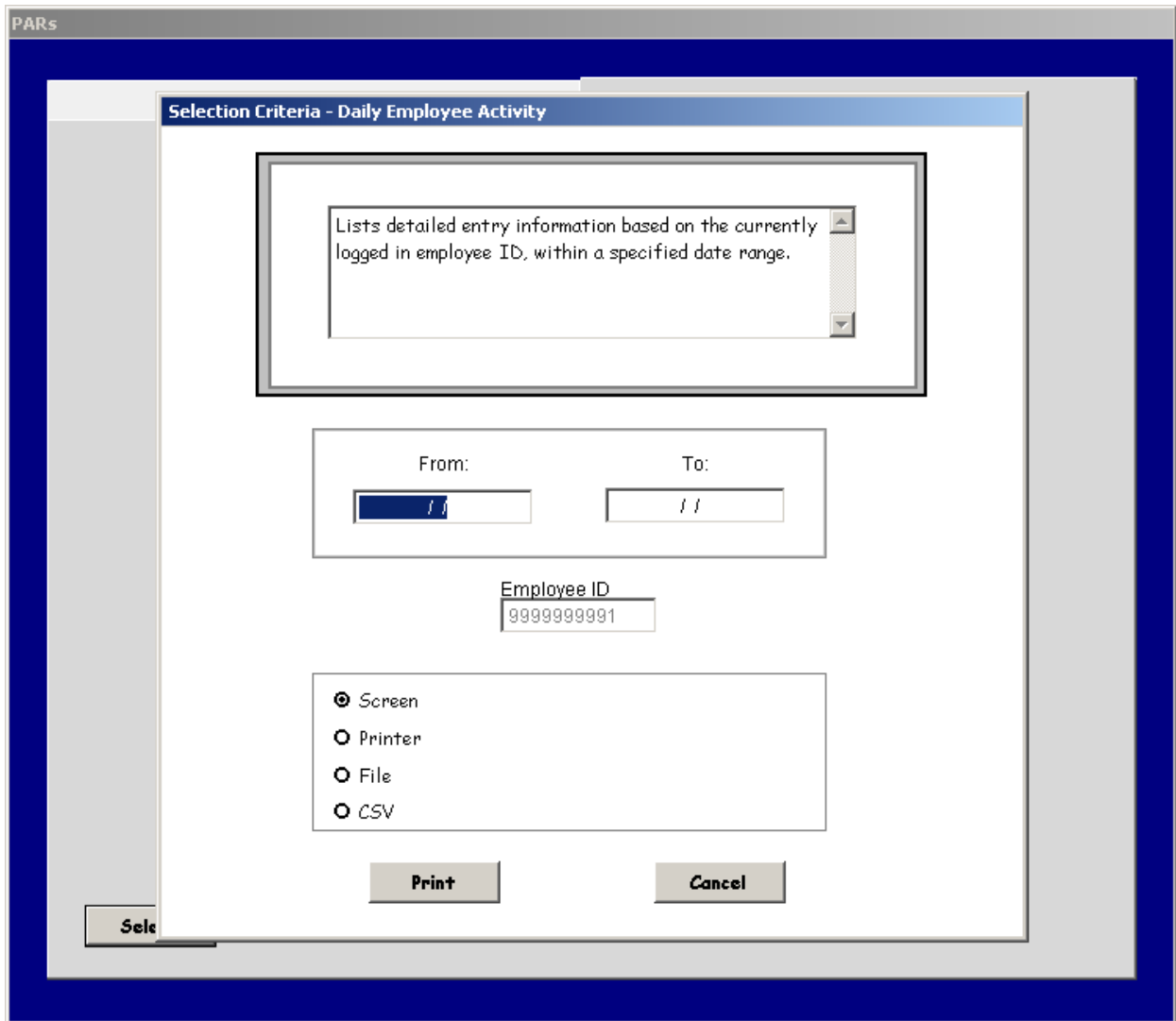
- Activity Count Summary By District/Unit/Clinic – Provides total counts of each activity by specified date range.
- Activity Summary By District/Unit/Clinic – Provides activity counts by specified date range. By selecting specific criteria this allows printing for single or multiple clinics. To achieve gathering of all clinics information within a district only input a date range in the Selection Criteria screen.
- Activity Summary By Employee – Provides activity information for employees by date range. Selection Criteria allows to report on an individual employee number, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Daily Employee Activity - Lists detailed entry information based on the currently logged in employee ID, within a specified date range.
- Detailed District/Unit/Clinic Activity – Lists employee activities information by District for all clinics or Individual Clinic, by specified date range.
- Detailed Employee Activity – Lists detailed employee information by activities performed within a specified date range. Allows criteria reporting of a single employee ID, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary Activity – Summary total of employee activities for specified date range. Sort by single employee ID, or by selecting the radio button options of Active employees only, Inactive employees only, or to print for All Active and Inactive employees.
- Employee Summary by District/Unit/Clinic Activity – Summary total of employee activities for a specified date range. Sort by Clinic or multiple clinic selections. To report for all clinics within a District, only input a date range in the Selection Criteria screen.
- Nutrition Ed Summary by District/Unit/Clinic – Summary count of Nutrition Education activity by selected date range. Sort order by District/Unit/Clinic.
- Individual Employee Activity Report

Reports

To access Reports, click on the Reports tab.



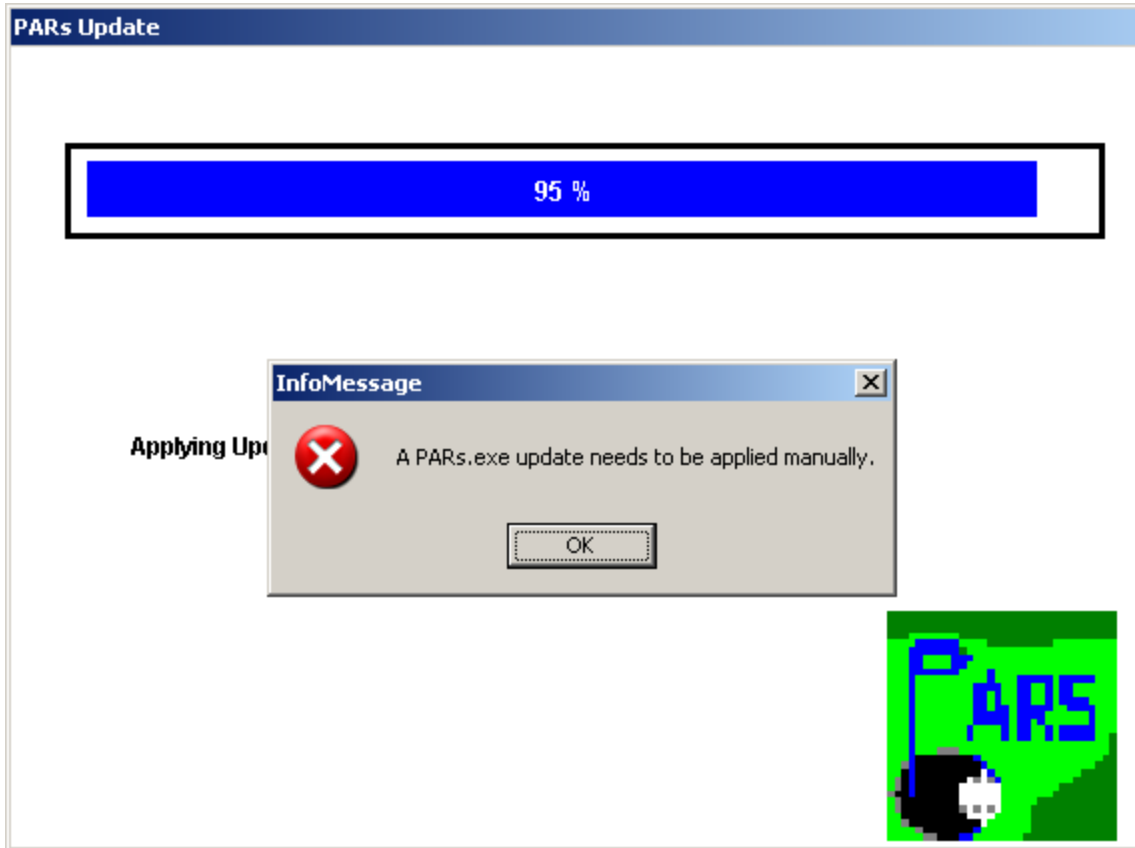
If you do not have permissions to run reports, only one report will display in the list. To access this report you may either double click or click the select button. The following selection criteria will display.



Specify a date range for the report. Make a selection as to how you would like to view the report by clicking on one of the radio buttons next to Screen, Printer, File or CSV.

Manually Apply Updates

PARS allows electronic updates, which means you are no longer required to download updates manually from GWISnet. On occasion CSC may need to make a change to the PARs.EXE, which will take some user interaction to apply, but the update will be sent to your computer through the self update. If CSC has sent an update that needs to be applied manually, you will see the following message,



Click OK to clear the message, PARS will then load. Exit the application and go to the C:\Program Files\PARs\Updates folder. Highlight the PARs.exe then right click and Cut, then go up a folder to the C:\Program files\PARs and select Paste. You will then be asked to overwrite the existing file, click Yes. You are now ready to access PARS.

DEFINITIONS OF COST CATEGORIES

Duty	PARS Category
Add/ Update Immunizations	Client svc
Add/ Update Record in Central Registry	Intake
Add/ Update WIC client in WIC screen 1 (clerical intake or update 30 day)	Intake
Answering phone (checking on clients appointment times, hours of operation, giving directions to clinic, etc)	Client svc if know ID#, non client svc if no ID #
Answering questions (or calls) about how to use WIC vouchers or WIC approved foods	Client svc if know ID#, non client svc if no ID #
Auditing charts	Non client svc, non client NE or BF if done for nutrition QA review
Batching TADs and voucher files	Non client svc
Calibrating equipment (scales, height/length boards, Hemocue machines, etc)	Non client svc
Checking GWIS for dual participation	Client svc
Checking Medicaid/ Updating Medicaid screen	Intake
Classes (preparing) for NE or BF	Non client NE or BF
Classes (teaching) for NE/BF	NE or BF
Client referrals	Client svc, NE if done by CPA as part of cert/re-cert
Collecting anthropometrical data (weight & length/height)	Client svc, NE if done by CPA
Collecting lab values (Hgb)	Client svc, NE if done by CPA
Computer work for clients transferring in	Client svc
Creating class (objectives, curriculum, handouts, etc)	NE or BF
Creating client schedules	Non client svc
Data input for certification	Client svc
Document Secondary Nutrition Education	Individual Nutrition Ed
Document Update Immunizations	Client svc
Document/ Update Record in Central Registry	Intake
Fixing critical errors	client svc
Follow up on breastfeeding progress	Individual bf ed
Follow up phone call on issued breastpumps	Individual bf ed
GWISnet request forms	Non client svc
Health Fairs	Non client svc, Non client NE or non client BF
Home visits to breastfeeding mothers	Individual bf ed (PARS not entered by Peer Counselor)
Hospital visits for breastfeeding mothers	Individual bf ed (PARS not entered by Peer Counselor)

Interpretation Services	Individual NE or BF if interpreting for CPA or NA. Client svc for intake, etc.
Inventorying breast pumps	Non client BF
Inventorying manual vouchers	Non client svc
Inventorying VPOD	Non client svc
Issuing breastpump	Individual bf ed
Mailing out supplies/ inventory/ materials/ equipment to the clinics	WIC admin
Maintaining relationship with community partnership	NE or BF
Make/ Change Appointment	Client svc if know ID#, non client svc if no ID #
Making copies of materials (i.e. "How to file a complaint form")	Non client svc
Ordering & Inventorying formula in stock	Non client svc
Ordering Breastpumps	Non client BF
Ordering nutrition education or breastfeeding materials and supplies	NE or BF
Ordering medical or office supplies	Non client svc
Outreach	Non client svc
Paperwork/ phone calls to give transfer information	Client svc
Paperwork/ phone calls to request transfer information	Intake
Phone calls to doctors	Client svc
Preparing requisition for purchases of nutrition education and breastfeeding supplies	NE or BF
Preparing requisition for purchases of medical and office supplies	Non client svc
Printing VOC and EVOC reports	Client svc
Printing/ voiding vouchers	Voucher issuance
Providing clinic with alphabetic master file list (printing and mailing)	Non client svc
Reporting computer problems with SWO & M&M	Non client svc
Retroactive Reconciliation Report	Non client svc
Reviewing clients rights, obligations, and how to file a complaint	Client svc
Self-reviews (full audit)	Non client svc or non client NE/BF
Sending out memos (action, information, policy)	WIC admin
Staff leave reports, meetings, PMF's, trainings, time reports	WIC admin
Staff Meetings (preparing)	WIC Admin
Staff Meetings (attending) with or without NE content	Non Client WIC or Non-client NE/ BF
Teaching classes	Group nutr ed or group bf ed
Training (attending or preparing) specific to NE or BF	Non client NE or BF

Training (attending) not specific to NE/BF	Non-Client WIC
Training (Preparing) not specific to NE/BF	WIC Admin
Training requests specific to NE/BF	Non client NE or BF
Unmatched redemption report (CUR part 1 and 2)	Non client svc
Update TAD (i.e. food package change)	Non client svc
Update WIC screen 2-4 for certification	Client svc
Vendor training, visits	Non client svc
Verifying over-income clients	Client ineligible for svc
Voter registration	Intake
Voucher issuance	Voucher issuance
WIC equipment inventory	WIC admin
Working on WIC budget	WIC admin
Working the Bank Exception Report	Non client svc
Working the batch acknowledgement report	Non client svc

FREQUENTLY ASKED QUESTIONS

- How do I log my time if I make an appointment for a client who doesn't have a WIC ID # yet? **Answer- It would be logged under non-client WIC services.**
- Is a voucher pick-up listed under non client WIC services? **Answer- No, it would be coded under voucher issuance.**
- How about when reports are done or someone is doing a white envelope. These things can take time. Is it necessary to report these activities? For example, I am doing a white envelope and I review each paper TAD to see if any information needs to be entered. **Answer- First, assuming you fall under the category for county paid WIC staff, it is very important to account for any WIC time. This example would be coded under non-client WIC services.**
- When I add a new baby or a recertification on someone who has not been on in a while, the number comes up red. Because they won't show up at CSC for several days, my question is: Do we need to go back when that batch shows rec'd and edit that line or will it send auto? **Answer- No, you do not need to do anything else. The system will eventually link this ID number to a WIC active participant.**
- When we do our terminations, do we put each individual ID# in PARS? **Answer- No, you would not need to put each individual ID number into PARs. This would need to be coded under non-client WIC services.**
- I don't see anything that allows me to make changes after I have entered time into this system? **Answer- Yes, you can make edits after the information has been entered: 1. Click the entry to be edited in the history grid. 2. Click the edit button. 3. Make changes as needed on the top row (not on the history grid). 4. Click the save button. Employees have 14 days to enter time into the system.**

- When I see a client, I enter them in and then when the nutritionist gets through, and I print vouchers and see them again do I do another entry? Or does the one entry cover all? **Answer- You can enter the data either way. You could track your total time with the client and enter it after all services have been completed or you can enter at the time you are doing each service. However it is important to break the services out. For instance one client will require multiple entries by multiple staff. For instance, an NA staff may perform 15 minutes of individual nutrition education, 15 minutes of intake and 3 minutes of voucher issuance. CPA staff may perform 5 minutes of client service, 10 minutes of individual nutrition education and 5 minutes of breastfeeding education. The bottom line is the client number and the total time needs to be documented.**
- Can a successful transmission be edited? Example an active ID is put in but it is the wrong ID? **Answer- Yes, click the record in question in the history grid, click the edit button, change the field(s) as needed at the top, then click save.**
- Can info be deleted? Example: an invalid ID is entered. This will not let the transmission go through but it won't let us delete the incorrect ID? **Answer- No, but as above, the line can be edited. If not needed, instead of adding a new record, select it, click edit and just type over it with good information.**
- What about entering ID for new babies and people who have been termed when they are certified? A TAD would not have been created yet so the ID number we give them won't be valid and my time won't transmit? **Answer- The system will keep trying to validate any record that is red. Once the information makes it from your front end system, and we have access to it from the PARs backend system, the fields will turn green if valid. It might take a couple of days, up to 5 days, but it will eventually validate. If the entry turns red or green it has been transmitted to us, it stays blue if it has not been transmitted, but you will get a message on the screen informing you why it is still blue.**

IV. GUIDELINES FOR LOCAL AGENCY COST ALLOCATION METHODOLOGY

OVERVIEW

The fundamental principle for assigning non-salary costs to cost objectives is the same as for salary costs: a state or local agency assigns a cost item incurred solely for a single cost objective to that cost objective; a cost incurred for multiple cost objectives must be distributed to such cost objectives such that each bears a portion of the cost commensurate with the benefit received from it. When allocating shared non-salary costs to several different programs or other cost objectives, it is important to group pools of costs to be allocated and select bases for allocating such costs in a manner which will produce equitable and reasonable charges to each cost objective.

Most government units provide certain services, such as motor pools, computer centers, purchasing, accounting, etc., to operating agencies on a centralized basis. Since federally-supported awards are performed within the individual operating agencies, there needs to be a process whereby these central service costs can be identified and assigned to benefitted activities on a reasonable and consistent basis. The central service cost allocation plan provides that process. All cost and other data used to distribute the costs included in the

plan should be supported by formal accounting and other records that will support the propriety of the costs assigned to Federal awards.

Guidelines and illustrations of central service cost allocation plans are provided in a brochure published by the Department of Health and Human Services entitled "A Guide for State and Local Government Agencies (ASMB - C10): Cost Principles and Procedures for Establishing Cost Allocation Plans and Indirect Cost Rates for Grants and Contracts for the Federal Government." A copy of this brochure may be obtained from the Superintendent of Documents, U.S. Government Printing Office.

A. Definitions

1. "Billed central services" means central services that are billed to benefitted agencies and/or programs on an individual fee-for-service or similar basis. Typical examples of billed central services include computer services, transportation services, insurance, and fringe benefits.
2. "Allocated central services" means central services that benefit operating agencies but are not billed to the agencies on a fee-for-service or similar basis. These costs are allocated to benefitted agencies on some reasonable basis. Examples of such services might include general accounting, personnel administration, purchasing, etc.
3. "Agency or operating agency" means an organizational unit or subdivision within a governmental unit that is responsible for the performance or administration of awards or activities of the governmental unit.

B. Scope of the Central Service Cost Allocation Plans

The central service cost allocation plan will include all central services costs that will be claimed (either as a billed or an allocated cost) under Federal awards and will be documented as described in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Costs of central services omitted from the plan will not be reimbursed.

LEAD COUNTY COST ALLOCATION PLAN

All lead counties claiming central service costs must develop a plan in accordance with the requirements described in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and maintain the plan and related supporting documentation for audit. Since lead counties receive funds as a sub-recipient, the State will be responsible for negotiating indirect cost rates and/or monitoring the sub-recipient's plan. The health district must submit a Central Cost Allocation to the Department for approval.

CENTRAL COST ALLOCATION PLAN FOR COUNTIES

The lead county may allow the counties within its district to charge a central cost allocation to their WIC funding. Central cost allocation are those costs that are common to all programs, such as gas, electric, water, maintenance, security expenses and other approved cost. All programs must be charged based on an equitable methodology, such as occupied space or number of employees. For a county to charge a central cost allocation, the county must submit a Central Cost Allocation Plan for review and approval to the lead

county. The lead county must provide at least annually a review, approval, monitoring and oversight of the Plan. A copy of the county approved Plan must be maintained on sight at the lead county office and available upon the request of auditors. A copy of the Plan must be provided to the State WIC office.

BASES FOR DISTRIBUTING SHARED SERVICES

The following table lists suggested bases for distributing shared costs. The suggested bases are not mandatory for use. Any base which produces an equitable distribution of cost may be used. These bases may be used to distribute and directly charge non-salary costs not covered in an indirect cost agreement approved by the cognizant agency or to negotiate an indirect cost agreement with the cognizant agency.

TYPE OF SERVICE	SUGGESTED BASES FOR ALLOCATION
Accounting	Number of transactions processed.
Budgeting	Direct hours of identifiable services of employees of central budget.
Buildings lease management	Number of leases.
Data processing	System usage.
Disbursing service	Number of checks or warrants issued.
Employees retirement system administration	Number of employees contributing.
Insurance management service	Direct hours.
Legal services	Direct hours.
Mail and messenger service	Number of documents handled or employees served.
Motor pool costs including automotive management	Miles driven and/or days used.
Office machines and equipment maintenance	Direct hours.
Office space use and related costs (heat, light, janitor services, etc.)	Square foot of space occupied.
Organization and management services	Direct hours.
Payroll services	Number of employees.
Personnel administration	Number of employees.
Printing and reproduction	Direct hours, job basis, pages printed, etc.
Procurement service	Number of transactions processed.
Local telephone	Number of telephone instruments.
Health services	Number of employees.
Fidelity bonding program	Employees subject to bond or penalty amounts.

INEQUITABLE METHODS OF COST ALLOCATION

If a cost allocation method produces an inequitable distribution of costs, this may result in questioned or disallowed costs during a subsequent audit. The incidence of inequitable allocation of non-salary costs to WIC occurs much less frequently than the incidence of inequitable allocation of salary costs to WIC. However, the following are just a few examples that have been documented in recent audit reports:

- A. Facility expenses (building use, janitorial services, utilities, etc.) had been allocated on the basis of the number of employees rather than the square footage occupied. This resulted in a disproportionate share of the total cost allocated to WIC. A tour of the facility revealed that the per-employee space was not consistent among programs. Typically, other programs that were co-located with WIC had much more space per employee than did WIC. Therefore, square footage occupied generally provides a more reasonable and equitable distribution of this cost.
- B. Allocating professional liability insurance coverage to WIC based on the number of patient visits without regard to the risk involved in each visit produced inequitable charges to WIC. When contacted, the insurance company stated that WIC had been included in the insurance coverage at no additional charge due to its low risk. An equitable method for allocating malpractice insurance to WIC would consider the amount of the professional's time spent on WIC operations and the relatively low risk of the certification process.
- C. Supplies as a pool of costs allocated to WIC included supplies not used by nor allowable for WIC, such as popcorn and toothbrushes for a health fair and flowers for an employee on sick leave. When allocating a pool of costs, the pool should consist of only allowable costs.

EXPENSING EQUIPMENT PURCHASES

The preferred method of recovering the cost of a capital asset, such as equipment, is to claim depreciation expense or use allowance under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. However, a state or local agency may seek prior approval to charge the entire acquisition cost of the equipment to the Federal grant or subgrant for the fiscal year in which the purchase is made, (meaning to "expense" it). If more than a negligible portion of the "expensed" equipment's use is expected to benefit programs other than WIC, then WIC cannot bear the entire acquisition cost. Rather, the state or local agency must allocate the acquisition cost among programs on the basis of their anticipated respective benefit from the equipment's use.

SECTION THREE - PROGRAM ADMINISTRATION

I. RETENTION OF RECORDS

A. Definition of Records

Federal regulations state: "Records shall include, but not be limited to, information pertaining to financial operations, food delivery systems, food instrument issuance and inventory, certification, nutrition education, civil rights and fair hearing procedures". (7 C.F.R. §246.25(a)(1)).

State policy memos from the previous year may be destroyed once the new Procedures Manual has been received, unless otherwise instructed. For example, FFY '06 Policy Memos may be destroyed once the FFY '07 Procedures Manual has been received.

B. Records and Reports - Accessibility of Records

Food Nutrition Services (FNS) may require the state or local agencies to supply medical data and other information collected for WIC in a form that does not identify particular individuals, yet enable the state agencies to evaluate the effect of food intervention upon low-income individuals determined to be at nutritional risk.

C. Retention Schedule

1. The following documents must be retained for five (5) years plus current Federal fiscal year:
 - (1) WIC Assessment/Certification Forms
 - (2) Nutrition Questionnaires and All Secondary Nutrition Education Contacts
 - (3) Growth Charts/Weight Gain Grids
 - (4) VOC Card Inventories
 - (5) Medical Records
 - (6) WIC Termination/Ineligibility/Waiting List Forms
 - (7) Vendor Monitoring Reports
 - (8) Computer Generated Voucher Registers/Voucher Printing On Demand (VPOD) Receipts
 - (9) Manual Voucher Inventory Records
 - (10) Budgets and Expenditure Reports
 - (11) Contracts
 - (12) Indirect Cost Plan
 - (13) Shared Costs Documentation
 - (14) Fair hearing and Civil Rights complaints and all related documentation
 - (15) Federal, State, District, County Audit reports
 - (16) Copies of manual vouchers

- (17) Vouchers Activity Report
- (18) Dual participation Reports*
- (19) Cumulative Unmatched Redemptions Part 1* (not matched to issuance record)
- (20) Cumulative Unmatched Redemptions Part 2* (not matched to a valid certification record)
- (21) Batch Control Report
- (22) Emergency Batch Control Form and Module
- (23) Critical Error Report
- (24) Canceled Food Instruments
- (25) Lost/Stolen/Destroyed/Voided Voucher Report
- (26) Separation of Duty Form/ District office
- (27) Request for WIC Services Log
- (28) Personnel Documentation
- (29) District Self Reviews
- (30) Waiting List
- (31) Formula Tracking Log

2. The following documents must be kept for two (2) years plus the current year:
 - (1) Voter Registration Documentation
 - (2) Master List
3. The following documents must be retained for one (1) year plus the current year:
 - (1) Voucher Packing List/
4. Retention of turn-around documents (TAD's) is not required once the information is verified and correct and listed in the computer system.

***The original copy of these reports with their manual reconciliation must be sent to the Georgia WIC Program prior to being destroyed. The Georgia WIC Program will maintain these reports for four (4) years plus current.**

D. Prior Approval/Duplication of WIC Records

Local agencies must request prior approval for the reformatting or modification of WIC office forms, e.g., pamphlets, flyers. Please forward revised, reformatted or modified forms to the Georgia WIC Program Nutrition Services Unit for prior approval before distribution.

If the local agency duplicates an official WIC form, the local agency is responsible for ensuring that the form contains the exact information as its original. If the form is changed in any way, approval must be requested by the State WIC Office

The following documents are available through the Georgia WIC Program Information System (GWIS). GWIS documents are accessible via the web for a period of three (3) years plus the current Federal fiscal year:

- a. Monthly Reconciliation - Enrollment Cycle
 - 1. Alphabetic Master File Listing
 - 2. Critical Error Report
 - 3. Enrollee Income by Household Size
 - 4. Grady Hospital Enrollee Distribution
 - 5. Medicaid-Enrollee Income by Household Size
 - 6. Medicaid-Percentage of Poverty Income by Type and Age Categories
 - 7. Medicaid-Priority Counts by Percentage by Poverty Income Level
 - 8. Numeric Master File Listing
 - 9. Percentage of Poverty Level Income Level by Type and Age Categories
 - 10. Priority Counts by Percentage of Poverty Income Level
 - 11. Trimester Analysis Report
 - 12. Unduplicated Participation Report, State Fiscal Year
 - 13. Unduplicated Participation Report, Federal Fiscal Year
 - 14. Waiting List Report
 - 15. WIC Status (Type) by Reason Certified

- b. Monthly Reconciliation
 - 1. Bank Exception Report
 - 2. Bank Listing
 - 3. Closeout Reconciliation Report
 - 4. Cumulative Unmatched Redemptions Over 30 Days-Based on CUR-Part 1
 - 5. Cumulative Unmatched Redemption Over 30 Days-Based on CUR-Part 2
 - 6. District Unit/County Compliance Summary
 - 7. Dual Participation Report-Part 1
 - 8. Ethnic Enrollment and Participation by Priority (Issue 30 Day) and Closeout
 - 9. Ethnic Participation Summary
 - 10. Financial and Program Status
 - 11. Food Cost Allocation (Projection)
 - 12. Food Package Create Report
 - 13. Food Package Expenditures Report
 - 14. Infant Formula Rebate Report Concentrated, Powder, Ready To Feed
 - 15. Infant Rebate County Summary
 - 16. Infant Rebate District Unit Summary
 - 17. Migrant Participation Summary
 - 18. Migrant Enrollment and Participation by Priority (Issue 30 Day) and Closeout
 - 19. Monthly Report of Food Expenditures Summary (Issue 30 Day) and Closeout
 - 20. Monthly Report of Food Expenditures by Vouchers Code (Issue 30-Day Closeout)
 - 21. Participant Totals
 - 22. Participation Summary by District/Unit

23. Previously Unmatched Redemptions, Which Were Matched
24. Unmatched Redemption's Report
25. EVOC Card Information

- c. Monthly Reconciliation - Vendor Cycle
 1. Cumulative Vendor Totals
 2. Detailed Flagged Voucher Listing
 3. Flagged Voucher by Vendor per Peer Average
 4. Maximum Amount Input Update
 5. Statistics File for Vouchers
 6. Vendor Exception Report
 7. Vendor Listing
 8. Vendor Update Listing
 9. Vendor Voucher Deviation Report
 10. Voucher Redemption Fluctuation Report
 11. Voucher Variation Report
 12. Voucher by Day Cashed
 13. Vouchers Cashed by Clinics
 14. Financial Records

II. LOBBYING RESTRICTIONS

The state /local agencies must not use Federal funds for the lobbying of specific Federal awards. Recipients of any Federal grants, contracts, loans, or cooperative agreements are required to disclose expenditures made with their own funds for such purpose.

III. RETROACTIVE BENEFITS AND REIMBURSEMENTS

Federal WIC regulations do not provide for retroactive benefits and reimbursement. The WIC food packages are designed to be consumed within a specified time period when participants are experiencing critical growth and development.

IV. RENOVATIONS

Any capital improvements exceeding \$4,999 must have prior approval from the Georgia WIC Program and USDA. (Capital improvements are any improvements that can be depreciated, such as buildings, renovations, etc.).

V. INTER-AGENCY AGREEMENT

The Inter-Agency Agreement is an agreement that must be used by all multi-county health districts with each of their counties. Your district may add additional terms but must not delete or change any of the existing terms (see Attachment AD-12). Please note, that for Option II of Attachment AD-12, there are specific paragraphs that allow you to select the paragraph that is most applicable to the contractual arrangement between county boards of health (see paragraphs where there is an italicized option).

VI. SPECIAL PROJECT PROGRAM

A. INTRODUCTION

New ideas and concepts that stimulate growth, collaborative partnerships and program effectiveness are the foundational principles that guide the Georgia WIC Special Project Program (GWSPP). In fiscal year 1999, the Georgia WIC Program initiated special funding for new interventions developed by local WIC agencies. The GWSPP offers financial support to local agencies desiring to explore non-traditional means of providing WIC benefits to eligible participants. Resources are available to the local agencies in the form of Local Agency Special Project (LASP) grants. When funds are available, the Georgia WIC Program sets aside Nutrition Service Administration funds to distribute as LASP grant awards.

This section of the project outlines the purpose and processes for local agencies wishing to participate in GWSPP. In instances where grant processes are linked to routine procedures, the related procedures are referenced and must be followed.

B. OVERVIEW OF LOCAL AGENCY SPECIAL PROJECT (LASP) GRANTS

Project Purpose and Priority

LASP grants provide financial support to local agencies endeavoring to implement new program enhancements. The primary intent of the LASP grant is to support the efforts of local agencies to plan, design and implement innovative initiatives that will improve access to WIC benefits, and ultimately increase statewide participation.

Priority is given to projects proposing new concepts that can be replicated, are sustainable after the initial funding, can be implemented and completed within twelve months, and demonstrates collaborative partnerships. The focus areas for new program enhancements include:

1. Non-traditional service delivery sites and collaborative partnerships.
2. Special outreach to hard to reach clients.
3. Breastfeeding initiation and duration.
4. Linguistically and culturally appropriated nutrition education.
5. Efficiency measures for staff and participants.

Project Period

The LASP grant is a twelve-month non-renewable award. Applicants are encouraged to consider the grant period when deciding the complexity and scope of the project. Project proposals selected for funding must illustrate the potential

to complete implementation within twelve months. LASP grant funds must be expended by September 30 of the Federal fiscal year in which grant is awarded. The Georgia WIC Program plans to award grants to selected local agencies by October 1.

C. PROPOSAL PROCESS

All interested local agencies must submit a LASP grant proposal. Grants are awarded to an individual local agency or to a consortium of local agencies. Local agencies are encouraged to consider collaborating with other WIC agencies on proposals. A local agency may submit only one proposal per fiscal year. If an agency submits a project proposal as part of a consortium of agencies, it may not submit a separate individual application.

Request for Proposal

The Georgia WIC Program conducts an annual solicitation for LASP grant proposals to give local agencies the opportunity to propose new Program initiatives for the upcoming fiscal year. The Request for Proposal (RFP) outlining funding requirements and deadlines is distributed to all WIC local agencies in April of each year.

The RFP package includes the following:

1. Application procedures
2. Proposal requirements
3. Project criteria
4. Proposal format
5. Focus areas
6. Proposal Evaluation criteria and weights
7. Application checklist

Completed LASP grant proposals must be received by the Georgia WIC Program by August 1 of each year.

Proposal Review Process

It is the intent of the Georgia WIC Program to select LASP grant proposals that offer new and innovative concepts that address one of the focus areas, and have the best chance to continue beyond the initial funding period. Each proposal is reviewed and ranked by a proposal review committee. The committee is comprised of representatives from the Georgia WIC Program, the Maternal and Child Health Program, WIC Nutrition Services Directors who did not submit an application, and a representative from a non-WIC public health program.

After reviewing and ranking proposals, the Georgia WIC Program representatives may interview agencies on site before making selection decisions to: 1. clarify questionable concerns identified in the application review process; and 2. to collect information that validates the agency's capacity to successfully implement the proposed project.

Selected LASP grant proposals have two funding possibilities: GWSPP funds or USDA infrastructure grant funds. The state submits USDA applications on behalf of local agencies. State staff will provide technical assistance to local agencies to enable full development of proposals to meet USDA requirements. Both funding possibilities are subject to the availability of USDA funds.

D. GRANT MANAGEMENT

The Health Director of local agencies awarded LASP grants, must sign the terms and conditions of the DPH Master Agreement Addendum to Annex 2 with the Director of the Georgia WIC Program agreeing to implement the project and to use the funds as described in the proposal. Special stipulations or instructions are stated in the Agreement. The LASP grant funds will transfer to local agencies as grant-in-aid funds that will not be transferred until the Agreement has been signed.

Reports

General administration of these LASP grants includes quarterly reports of expenditures, performance progress, a final closeout summarizing LASP outcomes and financial reconciliation. Local agencies are required to submit quarterly financial status reports. The due dates for quarterly reports are as follows:

January 15
May 15
September 15
December 31 (Final report)

The final summary of project accomplishments and a final report must be submitted to the Georgia WIC Program no later than ninety (90) days after the last day of the Federal fiscal year to close out the project. Additionally, grantees are required to submit copies of educational curricula, videos or other tangible products produced with LASP grant funds with the final report.

Monitoring

The Georgia WIC Program will monitor grantees as specified in the Agreement. Upon creation of a WIC new service delivery site, the Policy Unit will conduct a monitoring visit. In addition, the Program Technology Unit must assign a unique clinic number. Once the grantee receives permission to proceed with operational plans, a monitoring visit will be conducted. Before the monitoring visit, the local agency is required to complete and submit an inventory of the Georgia WIC Program LASP grant purchases.

VII. INFANT FORMULA REBATE INVOICING**Infant Formula Rebate Contract**

Effective July 1, 2013, Georgia WIC has entered into contract with Nestle Infant Nutrition for infant formula cost containment in the form of rebates for formula redeemed by Georgia WIC vendors per 7 CFR 246.16a. The initial term of the contract is for three (3) calendar years from the execution date of the contract. Georgia WIC has two (2) one (1) year options to renew, which options shall be exercisable at the sole discretion of Georgia WIC.

Infant Formula Rebate Invoicing Process

To insure proper rebate invoicing, Georgia WIC has developed four (4) standard operating procedures (SOPs) to manage changes in rebate rate changes, product name changes, package size changes and rebate invoicing. These will be maintained as attachments to the Administrative Section of the procedures manual. See Attachments AD-33

SECTION FOUR-LEGAL

I. WIC ACRONYM AND LOGO

A. Authority

The acronym "WIC" was registered with the U.S. Patent and Trademark Office on January 1, 1991. The WIC logo, a stylized representation of a woman holding an infant in her arms and a child by the hand, was registered on April 16, 1991. Regulations authorizing the use of the WIC acronym and logo are provided in 42 U.S.C. Section 1786, 15 U.S.C. Section 1051 et seq., and 7 C.F.R. Part 246.

It is an on-going policy to discourage the industrial use of the WIC acronym and logo on products to avoid certain difficulties that may be encountered.

B. Official Use

The WIC logo and acronym shall be used for official use only. FNS reserved the right to approve and use of the logo and acronym. The Georgia WIC Program may use the logo or acronym on the items below:

- | | |
|--------------------------------|------------------------------|
| Brochures | Leaflets |
| Bulletins | Letters |
| Business Cards (for employees) | Manuals |
| Cups | Newspapers |
| Directories | Posters |
| Food Instruments | Radio and T.V. Announcements |
| Forms (i.e., Cert. forms) | Reports |
| Guides | Studies |
| Immunizations Initiatives | T-Shirts |

C. Special Use

Profit and Non-Profit Organizations: The WIC logo and acronym cannot be used by for profit organizations. These organizations are not permitted to display the acronym or logo in total or in part, including close facsimiles, on any product or materials. Non-profit organizations may be permitted to use the acronym and/or the logo for non-commercial educational purposes when such use is essential to public service and will contribute to public information and education concerning the Georgia WIC Program. Non-profit organizations are those organizations that are exempt from taxation under Federal law, including charitable and educational organizations. Nonprofit organizations within the jurisdiction of the state of Georgia shall submit a request for use of the WIC acronym or logo to the Georgia WIC Program in writing. The written request must include a copy/sample of the way in which the acronym or logo will be used. The Georgia WIC Program must respond in writing as to whether such use is authorized.

D. WIC Food Vendors

At the discretion of the Georgia WIC Program, a vendor may be authorized to use the acronym and/or logo for the following purposes:

- a. To identify the retailer as an authorized WIC food vendor.
- b. To identify authorized WIC foods by attaching channel strips or shelf-talkers stating "WIC-approved" or "WIC-eligible" to grocery store shelves.

FNS reserves the right to approve any uses of the WIC acronym or logo. Any uses that are considered inappropriate shall be discontinued. Request for use of the WIC acronym or logo must be made in writing along with a copy/sample of the way it will be used. A written response will be issued as to whether such use is authorized.

E. Unauthorized Use

Any person who uses the WIC acronym or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction and the payment of damages. Any person who is aware of such violations should provide the information to FNS.

II. CONFIDENTIALITY

Pursuant to 7 CFR §246.26(d) and (h), the state and local agencies must restrict disclosure of confidential information identifying WIC applicant/participant information.

A. Confidential Information

Confidential WIC applicant and participant information is any information about an applicant or participant, whether it is obtained from the individual, another source, or generated as a result of WIC application, certification, participation, that individually identifies an applicant or participant and/or family member(s) (7 CFR §246.26(d)(i)). Applicant or participant information is confidential, regardless of the original source and exclusive of previously applicable confidentiality provided in accordance with other federal, state or local law.

B. Restrictions on Disclosure of Confidential Information

The state agency must restrict the use and disclosure of confidential applicant/participant information to persons directly connected with the administration or enforcement of WIC whom the state agency determines has a need to know the information for WIC purposes (7 CFR §246.26(d)(1)(ii)).

These persons may include, but are not limited to:

1. Official requests from personnel from local agencies and other WIC state or local agencies

2. Persons under contract with the state agency to perform research regarding WIC
3. Persons investigating or prosecuting WIC violations under federal, state or local law

C. Exceptions to Restrictions on Disclosure of Confidential Information

1. A state or local agency may disclose confidential WIC applicant/participant information to public organizations for use in the administration of their programs that serve persons eligible for the WIC Program (7 CFR §246.26(d)(2)(ii)).
2. State and local agency staff that is required by State law to report known or suspected child abuse or neglect may disclose confidential WIC applicant/participant information without their consent to the extent necessary to comply with such law (7 CFR §246.26(d)(3)).
3. A state or local agency may disclose confidential WIC applicant/participant information if the affected WIC applicant/participant signs a release form authorizing the disclosure and specifying the parties to which the information may be disclosed (**see Attachment AD-3**). The state or local agency must permit the affected applicant/participant to refuse to sign the release form and must notify them that signing the release form is not a condition of eligibility and refusing to sign will not affect their participation in WIC. Release forms authorizing disclosure to private physicians or other health care providers may be included as part of the WIC application or certification process. All other requests for release forms must occur after the application and certification process is completed (7 CFR §246.26(d)(4)).
4. Release forms include an Authorization for Release of Information form 5459R (**see Attachment AD-19**) that has been signed by a DFCS case manager when a court has granted legal custody of a WIC applicant/participant to the Georgia Department of Human Services.
 - a. The form must specify the parties to which information may be released.
 - b. The court order must be attached.
 - c. The WIC Legal Services Officer has reviewed and approved the form and court order.
 - d. Release the information if approved.
5. A state or local agency must provide applicants/participants with access to all information they have provided to WIC. If the applicant/participant is an infant or child, access may be provided to the parent or guardian of the infant or child, assuming that any issues regarding custody have been settled. The state or local agency need not provide access to any other

information in the WIC file or records, for example, documentation of income provided by third parties and staff assessments of the participant's condition or behavior unless required by federal, state or local law or policy, or unless the information supports a fair hearing appeal. (7 CFR §246.26(d)(5)).

6. Representatives from the USDA and the Comptroller General of the United States may inspect, audit, and copy all records that include information pertaining to certification, nutrition education, civil rights and fair hearing procedures, as well as food delivery systems and food instrument issuance and redemption. (7 CFR §246.26(e)). Reports or other documents resulting from such inspection, audit and copying that are publicly released may not include confidential identifying WIC applicant/participant information. (7 CFR §246.25(a)(4)).

Note: Information about the use of drugs and alcohol by a WIC applicant/participant must not be shared.

IV. DATA SHARING

A. Federal Regulation

Identifying information of WIC applicants and participants is confidential. 7 C.F.R. §246.26(d). However, Georgia's WIC Program and its local agencies, as defined by relevant Federal WIC regulations, may disclose confidential WIC information to public organizations for use in the administration of their programs that serve persons eligible for WIC benefits, provided the required steps are followed. 7 C.F.R. §246.26(d)(2)(ii).

It is recognized that certain public organizations housed in the Georgia Department of Public Health, Community Health, and Human Services share a common mission: to promote, protect and improve the health and safety of all people in Georgia.

The steps required for use and disclosure of confidential WIC applicant/participant information for non-WIC purposes are:

1. The State Health Officer must designate in writing the permitted non-WIC uses of the confidential WIC applicant/participant information and the names of the organizations to whom such information may be disclosed (7 C.F.R. §246.26(h)(1));
2. Notice must be provided to the WIC applicant/participant at the time of application or through subsequent notice that the State Health Officer may authorize the use and disclosure of information about their participation in WIC for non-WIC purposes only in the administration of those programs that serve persons eligible for WIC (7 C.F.R. §246.26(h)(2));

3. Include in the State agency's State plan a list of the designated organizations with which it has executed or intends to execute a written agreement for use and disclosure of WIC applicant/participant information for non-WIC purposes (7 C.F.R. §246.26(h)(3)); and
4. Execution of the written agreement that must specify the receiving organization may use the confidential WIC applicant/participant information only to establish eligibility, conduct outreach; enhance health, education or well-being; streamline administrative procedures; and/or assess and evaluate responsiveness of the State's health system. The written agreement must also contain the receiving organization's assurance that it will not use the information for any other purpose or disclose it to a third party (7 C.F.R. §246.26(h)(3)).

B. State Designation

The State Health Officer has designated the following organizations as those it plans to execute a written agreement with in order to share data at the state level:

1. DPH GDDS Data Release Agreement
2. DPH - WIC and The Office of Science Research Academic Affairs (OSRAA)
3. DPH – WIC and CHOA (Strong4life Activator Study)
4. Border State Data Sharing Agreement for Detection and Prevention of Dual Participation between DPH – WIC (OIG) and AL WIC
5. Border State Data Sharing Agreement for Detection and Prevention of Dual Participation between DPH – WIC (OIG) and TN WIC
6. Border State Data Sharing Agreement for Detection and Prevention of Dual Participation between DPH – WIC (OIG) and NC WIC
7. Border State Data Sharing Agreement for Detection and Prevention of Dual Participation between DPH – WIC (OIG) and FL WIC
8. Border State Data Sharing Agreement for Detection and Prevention of Dual Participation between DPH – WIC (OIG) and SC WIC (2012-356)
9. Infectious Diseases and Immunization: Immunization, Perinatal Hepatitis B Prevention
10. Epidemiology: Office of Health Information for Planning
11. Environmental Health: Lead
12. Medicaid
13. Advanced Software Development Corp
14. CSC Covansys
15. Emory University
16. Federation of Southern Cooperatives
17. Fulton-Dekalb Hospital Authority
18. Georgia Division of Aging MOA
19. Kimarie Bugg
20. Myers & Stauffer
21. Nestle Infant Formula Rebate
22. Georgia American Academy of Pediatrics
23. MOU for Information Sharing btw WIC and FNS
24. MOA between GDPH-WIC and GDOR

C. Sample Agreement

The current Intra-Agency Memorandum of Agreement to share data between the Office of Nutrition and WIC and the MCH Program for the following purposes is included as a reference, Attachment AD-4.

1. Assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and
2. Enhancing the health, education, or well-being of WIC participants.

V(a). E-MAIL AND FAXING CONFIDENTIAL INFORMATION

Districts that transmit confidential information by e-mail or facsimile transmission should incorporate the confidentiality provision statement into the fax cover sheet information. If the information contained on the fax or in the e-mail is considered Private Health Information (PHI), then the (HIPAA) regulations governing the release of such information applies. The following represents an example of such a statement:

CONFIDENTIALITY NOTE

The information contained in this fax/e-mail message is intended only for the personal and confidential use of the designated recipients named above. This message may involve attorney-client communication and, as such is, privileged and confidential. If the reader of this message is not the intended recipient or an agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this document in error and any review; dissemination, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Our number is (404) 657-2900, and the fax number is (404) 657-2910.

THANK YOU.

V(b). WIC VOLUNTEERS AND CONFIDENTIALITY

In order to prevent a breach of confidentiality, The Georgia WIC Program must exercise discretion in screening and selecting capable volunteers who will handle confidential information. It is therefore the responsibility of the state and local agencies to ensure that volunteers who are given access to WIC applicant/participant information are well trained and knowledgeable about the restrictions in disclosure of WIC information.

The following action steps must be taken in order to protect confidential identifying WIC applicant/participant information:

- A. Once volunteers are selected, specific confidentiality requirements governing the Georgia WIC Program must be covered in their orientation or training.
- B. Follow-up training must be conducted periodically to remind volunteers, as well as paid staff, of the importance of maintaining the confidential nature of identifying WIC applicant/participant information.
- C. The state or local agencies may have volunteers sign an agreement acknowledging **restrictions on the disclosure of confidential identifying WIC applicant/participant information**. By signing such a form, the volunteer would agree to keep this information confidential or forfeit the volunteer assignment. Such an agreement would reinforce the importance of maintaining confidential information.
- D. If a volunteer does not appear to be a good candidate for keeping information confidential, assign the volunteer to other activities related to administration of WIC services.

VI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

By law, all identifying WIC applicant/participant information must remain confidential except where disclosure is authorized by law (see 45 C.F.R. Parts 160 and 164). This is a HIPAA requirement.

The privacy practices of WIC are in compliance with the HIPAA laws. State-to-State transfers are allowable. A request for release of information is advised.

VII. MANDATORY NO SMOKING POLICY

Public Law 103-111 prohibits the allocation of administrative funds to any clinic providing WIC services if that clinic allows smoking within the space used to perform program functions. In order to avoid administrative penalties, local health department or WIC clinics must display a "No Smoking" sign. These signs must be visible somewhere in the clinic.

The prohibition against smoking applies only during the hours of actual WIC operations. In the event the clinics for voucher issuance are being held at a satellite clinic, i.e., church, public housing, clinic site, community health center, or clinics that are open only once or twice per week, then the no smoking policy would only be in effect during WIC operation hours. If the health department is a no-smoking facility, and such signs are displayed throughout the health department, then there is no need to display a WIC-specific "No Smoking" sign.

VIII. SUBPOENAS

A. Subpoenas

A subpoena is an order directed to an individual or entity to compel the court appearance of a witness to give testimony or to compel the production of documents and other exhibits as evidence.

The federal regulations provide that a State agency may disclose confidential applicant, participant, or vendor information pursuant to a valid subpoena in accordance with the procedures listed in 7 C.F.R. § 246.26(i).

B. Procedures for Responding to a Subpoena

In determining how to respond to a subpoena for documents or other subpoena for confidential information, the State or local agency must use the following procedures:

1. Upon receiving the subpoena, the recipient must immediately notify the State Agency (7 C.F.R. § 246.26(i)(1)(i)). Because subpoenas must be complied with by a listed date, receipt of a subpoena shall be immediately reported to the Georgia WIC Program and the WIC Legal Services Officer.
2. The recipient must consult with legal counsel for the State or local agency and determine whether the information requested is in fact confidential and prohibited by the federal regulations from being used or disclosed as stated in the subpoena (7 C.F.R. § 246.26(i)(1)(ii)).
3. If the State or local agency determines that the information is confidential and prohibited from being used or disclosed as stated in the subpoena, the State or local agency must attempt to quash the subpoena unless the State or local agency determines that disclosing the confidential information is in the best interest of the Program (7 C.F.R. § 246.26(i)(1)(iii)). The determination to disclose confidential WIC information without attempting to quash the subpoena should be made only infrequently (7 C.F.R. § 246(i)(1)(iii)).
4. If the State or local agency seeks to quash the subpoena or decides that disclosing the confidential information is in the best interest of the Program, the State or local agency must inform the court or the receiving party that this information is confidential and seek to limit the disclosure by:
 - a. Providing only the specific information requested in the subpoena and no other information; and
 - b. Limiting to the greatest extent possible the public access to the confidential information disclosed. (7 C.F.R. § 246.26(i)(1)(iv)).

IX. SEARCH WARRANTS**A. Search Warrants**

Search warrants can be used by law enforcement to seek disclosure of confidential WIC applicant/participant information. State and local agencies must comply with search warrants to avoid possible incarceration.

B. Procedures for Responding to a Search Warrant

1. Upon receiving a search warrant, the state agency and WIC Legal Services Officer must be notified immediately. Legal counsel for the local agency should also be notified. (7 C.F.R. §246.26(i)(2)(i) and (ii)).
2. The search warrant should then be complied with (7 C.F.R. §246.26(i)(2)(iii)).
3. Individuals serving the search warrant should be notified that the information being sought is confidential. (7 C.F.R. §246.26(i)(2)(iv)). The state or local agency should seek to limit disclosure by:
 - a. Providing only the specific information requested in the search warrant and no other information; and
 - b. Limiting to the greatest extent possible the public access to the confidential information disclosed. (7 C.F.R. §246.26(i)(2)(iv)).

SECTION FIVE-WIC CLINIC OPERATIONS

I. WIC PARTICIPATION

The definition of a WIC participant and enrollee is listed below:

Participant: A participant is a pregnant woman, breastfeeding woman, postpartum woman, infant or child who is receiving nutrition education and supplemental foods or food instruments under WIC, and the exclusively breastfed infant of a participating exclusively breastfeeding woman (7 C.F.R. §246.2). A participant is a client who has been issued at least one voucher during the reporting month. The exclusively breastfed infant is issued a voucher message but no formula is issued. Likewise, the some breastfeeding woman is issued a voucher message but no supplemental foods beyond six (6) months postpartum.

Enrollee: A WIC client who is active, during a valid certification period, but did not receive vouchers during the reporting month.

II. ESTABLISHING NEW CLINICS/CLINIC CHANGES and ANNUAL UPDATE CLINIC LISTING

A. Establishing New Clinics/Clinic Changes

All new WIC clinics must have completed a Pre-Approval - Pre-Award Compliance Review before the new clinic can open.

Prior to establishing and opening a new WIC clinic, the district staff must complete and send to the **Operations** Unit the following information:

Note: Please note that a new clinic applicant is the entity applying for WIC funding to serve WIC participants.

1. Demographics of the population to be served in order to evaluate WIC applicant/participant access racial makeup of the area you will be serving and who will be attending the clinic. A public health website that may be used to collect this information is: <http://oasis.state.ga.us/>.
2. Data collected regarding WIC employment, including use of bilingual public contact employees serving LEP (Limited English Proficiency) beneficiaries of the programs – Racial ethnic data of the employees that will be working at the new clinic.
3. Evaluation of the location of existing or proposed facilities connected with WIC and whether access would be difficult or impossible because of locale – Is there anyone who would be denied services due to the clinic's location and racial makeup of the clinic.

4. Review of the composition of the planning or advisory board for the new WIC clinic – racial makeup of the new facility.
5. Analysis of civil rights impact, if relocation of the clinic is involved – provide an analysis of the new location. This only applies when the WIC clinic is relocating.
6. A written assurance by any new WIC clinic applicant that it will compile and maintain records required by the Food Nutrition Service (FNS) guidelines or other directives.
7. The manner in which WIC services are or will be provided by the new clinic applicant and related data necessary for determining whether any persons are or will be denied WIC services on the basis of prohibited discrimination.
8. A statement from the new WIC clinic applicant as prompt notification to Food Nutrition Service (FNS) of any lawsuit or complaint filed against the applicant that alleges discrimination on the basis of race, color, or national origin. The new WIC clinic applicant's statement must also provide a brief description of any pending application to other Federal agencies for assistance, and of Federal assistance being provided at time of application or requested report.
9. A statement or description of previous civil rights reviews conducted on behalf of the new WIC clinic applicant during the two years prior to applying, as well as any information about the agency or organization performing the review and any periodic statements by the new WIC clinic applicant regarding such reviews.
10. Once the analysis is completed and approved by the state, the Program Review Team will complete the New Clinic Evaluation Report (**see Attachments AD-9 and AD-18**).

Additionally, the Program Review Team will:

- Visit the potential new WIC clinic
- Observe and determine compliance according to the WIC regulations using **Attachment AD-9**
- Mail a report indicating one or more of the following:
 - a. Approval by completing the New Site Permission Request Form (**see Attachment AD-7**)
 - b. Approval with a list of changes needed prior to the establishment of the new clinic
 - c. Disapproval of the establishment of the new clinic

After the new clinic is approved, district staff can complete the Request to Establish New Clinics/Clinic Change form (**see Attachment AD-5**). The Georgia WIC Program Systems staff will verify collection, processing, and submission of the information and forward this form to the data processing contractor (CSC) within five (5) days. The data

processing contractor assigns a number for the new clinic. If the district selects its own number, the data processing contractor must verify and approve the number before it may be considered a valid number. The data processing contractor mails the new clinic the supplies necessary to start processing operations, e.g., TADs, vouchers.

Once the district receives an approved clinic number, the new clinic may begin to enroll WIC participants. The Georgia WIC Program will provide technical assistance, consultation and training to the local agency in the start up procedures of a new clinic, if needed.

A WIC clinic is a facility where WIC business is conducted. Each clinic that operates in the state must have its own number.

This requirement applies to, but not limited to the following:

- All hospitals locations
- DFCS locations
- Health Departments
- 330 Community Health Organizations
- Health Centers
- Migrant Clinics

Failure to comply to list all of the clinic sites and locations in your district may result in a financial penalty for the district. These penalties may include refunding monies for vouchers issued from the date the clinic sites opened. A financial penalty letter will be sent to your district if the Program Review Team finds clinic sites either a) operating and not on the WIC Clinic Listing or b) not having a unique clinic number.

B. Annual Update of the Clinic Listing

The clinic listing should be reviewed and updated at least annually by March 31 so that the clinic locations, contact numbers, addresses, clinic type and types of services are accurate. Instructions for updating the clinic listing are included as **Attachment AD-17**.

III. CLINIC CLOSINGS

In the event a clinic will be closed temporarily due to an emergency, please notify the **Regional Advisory Unit at the Georgia WIC Program as early as possible. This will enable the state /local agency staff to better serve WIC applicants/participants and clinic staff.**

Closing of clinics causes participants/applicants hardship when they are not notified in writing or in advance.

If your district plans to close a WIC clinic permanently, please complete the Clinic Change form and mail it to the **Operations** Unit (**see Attachment AD-5**).

IV. REPORTING SYSTEMS PROBLEMS

Local WIC agencies must immediately report any CSC and/or front-end systems discrepancies to the Program Technology Unit of the Georgia WIC Program. Systems discrepancies may include, but are not limited to, the following: system shutdown, unprinted vouchers or any action which causes the clinic system to become unusable. Fax the completed Computer Systems Issues and Problem Report Form (**see Attachment AD-6**) to the Georgia WIC Program. In addition, the clinic must notify the District Nutrition Services Director and Management Information System's staff at the district office.

V. REQUEST FOR FINANCIAL AND/OR STATISTICAL DATA

Request for financial and/or statistical data or reports must be made in writing by completing the Data Request Form (**see Attachment AD-8**). Fax the Data Request Forms to the Georgia WIC Program, (404) 657-2910, attention Program Technology Unit.

VI. IDENTIFICATION CARDS AND FOOD LIST ORDERS

The WIC ID Cards, Food List and Referral Form will be mailed to your district office from the contracted printer. If the amount received needs to be adjusted based on an increase or decrease in caseload, please contact the Georgia WIC Program.

VII. CLINIC/STAFF RATIO

Clinic staff ratio is listed below for administrative, clinical and nutrition education purposes:

- A. **One (1) CPA per every 1,000 participants served.**
- B. **One (1) Administrative staff per every 800 clients served.**
- C. **One (1) RD/LD per every 5,000 clients served.**

VIII. LOCAL AGENCY STAFF

The Nutrition Services Director's position is an administrative position. Attached is a copy of the current job description, which describes the responsibilities (**see Attachment AD-10**).

1. *Nutrition Service Director*

Each of the WIC districts or contract agency (Grady) must be staffed with a District Nutrition Services Director who must be at minimum a (1) full-time equivalent (FTE) public health nutritionist, (2) a Licensed Dietitian (LD) in the state of Georgia and (3) be employed in either the class of Nutrition Services Director, Nutrition Program Manager, or Nutrition Manager. Preferred qualifications are a Registered Dietitian and a Masters

Degree in dietetics, human nutrition, food and nutrition, nutrition education, food systems management or a closely related field from an Academy of Nutrition and Dietetics accredited program or a closely related field. Duties include: planning, organizing, implementing, and evaluating the nutrition service component of WIC. This encompasses leadership in the development and approval of nutrition education materials, development of the nutrition education plan, and implementation of nutrition risk criteria and food package delivery.

a. Staffing Standards

Each WIC local agency must be staffed with a minimum of one (1) full-time equivalent (FTE) Competent Professional Authority (CPA) for every one thousand (1,000) participants, and one (1) full-time equivalent (FTE) Registered and Licensed Dietitian (RD, LD) or Licensed Dietitian (LD) for every five thousand (5,000) participants. District staff time providing direct services can be counted towards these requirements; for example District staff can perform both participant services and district responsibilities.

b. Job Classifications and Compensation

Nutrition positions should be appropriately classified according to the policies, procedures, and guidelines of the Department of Public Health and the Human Resources Administration Division of the Department of Administrative Services. The Nutrition class specifications should be used for nutritionists providing direct client nutrition services, and these nutritionists should receive supervision from a higher level public health nutritionist.

The class specifications, qualifications, and compensation levels are to be according to the Department of Public Health's and the Human Resources Administration Division of the Department of Administrative Services' policies, procedures, and guidelines.

The Breastfeeding Coordinator position may be a qualified nutritionist, nurse, health educator, Certified Lactation Counselor (CLC), or International Board Certified Lactation Consultant (IBCLC). A job description for Health Educator Senior/Lactation Consultant, which may be used to assure an individual is qualified to fill this position can be found in **Attachment AD-26**. A Georgia Gain job classification sample job description entitled **District Breastfeeding Coordinator** can be found in **Attachment AD-27**.

2. *Breastfeeding Coordinator*

- a. Each local agency must designate a staff person to coordinate breastfeeding promotion, education, and support activities.
- b. It is recommended that this position be designated as a full-time position in order to facilitate coordinating services throughout the local agency and across program lines and to adequately meet Federal requirements.
- c. It is recommended that the breastfeeding coordinator work across program lines to provide breastfeeding services, thus increasing opportunities for all current and potential WIC participants to be reached. This will also serve to integrate services, and assure that all clinic staff receive appropriate training and deliver consistent information on breastfeeding.

IX. COMPLIANCE REVIEWS

A. *There are three (3) types of compliance reviews:*

- Pre-Approval or Pre-Award
- Post-Award or Routine
- Special

B. *Definitions*

Pre-Approval or Pre-Award Review ***is a review that must be conducted prior to the approval of a clinic opening.*** No Federal funds can be awarded to a state or local agency until a pre-award compliance review has been conducted and the applicant is determined to be in compliance with civil right rules. This review may be a desk or on-site review. The results of the review must be in writing.

Prior to creating a new clinic site, the following must be reviewed for compliance:

- Demographics of the population to evaluate program access
- Data collection regarding covered employment, including use of bilingual public-contact employees serving LEP beneficiaries of the programs
- Location of existing or proposed facilities connected with WIC and whether access would be unnecessarily denied because of locale
- Makeup of planning or advisory board
- Civil Rights Impact analysis conducted if relocation is involved

Post Award or Routine Review ***is a regular review or self-review in which civil rights compliance is checked.***

When conducting a post review or routine review, look for the number of discrimination complaints filed, information from grass roots and advocacy groups, individuals, state officials and unresolved findings from previous civil rights reviews.

Special Review is a review conducted due to reported alleged noncompliance. Prior to this review, check patterns of complaints of discrimination through reviewing documentation at the state and district level.

X. MEDICAL NUTRITION THERAPY

Below are the policies regarding medical nutrition therapy and Medicaid:

1. 100% paid WIC employees (full time or part-time) may not provide medical nutrition therapy which is a Medicaid reimbursed service. Any nurse, dietitian or other nutrition staff paid by WIC or any Federal program may not bill Medicaid for medical nutrition therapy provided within or outside of the WIC clinics. This includes WIC certifications conducted as part of a home visit by non-WIC staff.

Example of inappropriate billing procedures:

- a. Non-WIC paid nurse making home visits, completing a WIC certification, and billing the Georgia WIC Program
- b. Any WIC paid staff in the 301 Cost Pool must not participate in Medicaid reimbursement

XI. REGISTERED AND/OR LICENSED DIETITIAN CREDENTIALING POLICY FOR THE DEPARTMENT OF PUBLIC HEALTH

It is the policy of the Department of Public Health, that those registered and or licensed professionals providing medical nutrition therapy in public health practice meet all standards and guidelines outlined in the credentialing expectations document. All licensed professionals participating in reimbursable services must be credentialed. The District Nutrition Service Directors are responsible for monitoring the credentials and competence of county professionally licensed dietitians in their districts.

A. Professional Licensure

- a. Each professional dietitian shall, at all times, maintain current licenses received by the Georgia Board of Examiners of Licensed Dietitians.
- b. Verification of licensure may be obtained via the internet (www.sos.state.ga.us).

B. Professional Registration

- a. Each professional with the designation of Registered Dietitian shall, at all times, maintain current registration by the Commission on Dietetic Registration of the American Dietetic Association.
- b. Verification of registration may be via internet (www.cdrnet.org).

C. Initial Practice

- a. Academic preparation
 - i. Licensed Dietitian – copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
 - ii. Registered/Licensed Dietitian – copy of current registration card from the Commission on Dietetic Registration of the American Dietetic Association and copy of current license issued by the Georgia Board of Examiners of Licensed Dietitians.
 - iii. Provisionally Licensed Dietitian – copy of verification statement from an American Dietetic Association accredited dietetic internship program and copy of provisional license. The Provisional License only lasts for ONE year. If the Dietitian does not pass the RD exam within that time the Provisional License expires, which means they cannot function as a Licensed Dietitian in the State of Georgia until they pass the Registration exam. Once the exam is passed, the Dietitian can submit the proper paperwork to the ADA and the Secretary of State to become an RD and LD.
- b. Authority and Scope of Practice
 - i. ADA Code of Ethics

- ii. Nutrition therapy- all credentialed professionals will read and agree to abide by the Code of Ethics set forth by the American Dietetic Association.
- iii. DPH Policy – all credentialed professionals will read and agree to abide by DPH policy regarding other employment.

XII. CONFLICT OF INTEREST

The Georgia WIC Program does not support conflicts of interest at the state, district or local level. Based on DPH policy, all employees must report outside employment to their immediate supervisor. A determination will be made whether this employment opportunity is a conflict. A definitive time frame for employment will be agreed upon between the employee and his/her immediate supervisor. This will be documented in the employee’s personnel file.

The state and local agency must prohibit the following certification practices or provide alternative policies and procedures when such prohibition is not possible:

- (1) Certifying oneself
- (2) Certifying relatives or close friends or
- (3) An employee determining eligibility for all certification criteria and issuing food instruments for some participants. (See Food Delivery Section III. F and Certification Section III. E. for the current procedures).

XIII. PATIENT FLOW ANALYSIS

A Patient Flow Analysis (PFA) is optional and is a tool to analyze the following:

- 1. ***The range of time for certification of clients from sign in to first face-to-face visit where services are provided.***
 - 2. ***The range of time for certification of clients from sign in to exit.***
 - 3. ***The range of time for clients scheduled for issuance of vouchers.***
 - 4. ***Clinic bottlenecks.***
 - 5. ***Whether clients are seen in the order of appointments.***
 - 6. ***Whether participants are scheduled at a rate appropriate for services received and staff availability.***
 - 7. ***Whether staff has down times for any staff?***
 - 8. ***Whether appropriate staff is present for first morning appointments.***
 - 9. ***Number of appointments and no-shows.***
- (See Attachment AD–11 for the PFA options)**

Procedures for the Patient Flow Analysis consist of the following two options:

OPTION I

Option I contains four (4) forms which include:

- 1) Patient Flow Analysis (PFA) Sign-In Sheet
- 2) Patient Flow Analysis (PFA) Form
- 3) Employee Time Log
- 4) Questions to Answer from the Modified PFA Form

FORM I - PATIENT FLOW ANALYSIS SIGN-IN SHEET

The Patient Flow Analysis Sign-In Sheet is designed to have all WIC applicants/participants sign in at the time of arrival. Each applicant/participant must sign in and document the arrival time.

FORM II - CLINIC FLOW ANALYSIS FORM

The Clinic Flow Analysis form documents the following:

1. **Room #** (if applicable) - Room number is completed in the event a clinic is divided alphabetically and each staff person is keeping his/her own Sign In form.
2. **Clinic** - Name of the clinic where the analysis is being conducted.
3. **Patient #** - Number that is assigned on the Patient Flow Analysis Sign-In Form.
4. **Name** - Name of the applicant/participant.
5. **Date Seen** - Actual date the Patient Flow Analysis is taking place.
6. **WIC Type** – P __ N __ B __ I __ C
Check mark which identifies whether the applicant/participant is a pregnant (P), postpartum (N) or breastfeeding woman (B), an infant (I) or a child (C).
7. **Reason for Visit** - Reason the applicant/ participant made a visit to the WIC clinic.

Reason for Visit Codes – Definitions

- Initial Certification
- Recertification (Subsequent)
- Incomplete Certification, i.e., client left without completing certification process
- Reinstate
- Transfer
- Education (with or without vouchers)
- Special Formula or Formula Change
- Vouchers only (no nutrition education)
- Other (please specify)

8. **Appointment Time** - Appointment time of the applicant/participant.
9. **Time Started** - Actual time that the clinic staff begins to work with the WIC participant.
10. **Time Finished** - Actual time that staff finishes working with the applicant/participant.
11. **Staff Initials** - Staff that serves the WIC applicant/participant.

- Note:**
- a. A record of the staff person's initials must be placed with the actual Patient Flow Analysis documentation for audit purposes.
 - b. Each applicant/participant must have his/her own Patient Flow Analysis Form. Each family member must have his/her own form.
12. **Patient Arrived** - Actual time that participant signed in at the clinic.
 13. **Time Patient Left** - Time the applicant completes all WIC services and is leaving the clinic.
 14. **Total Time in Clinic** - Amount of time from arrival to departure for applicant/participant to receive WIC services.
 15. **Food Package Change (FPC)/Formula Type (optional)** - FPC or formula type, if applicable, for district use.
 16. **Special Services Provided/Comments** - Special services or circumstances which may cause additional time to be taken with the applicant/participant.

FORM III – Employee Time Log

The Employee Time Log documents the following:

1. Name and Title of Employee – Employee who is providing services must document their name and official title.
2. Work Hours - Employee must document their scheduled work hours including the time spent servicing a client doing the clinical work, administrative work and clerical work. In addition, if an employee is working in the clinic and providing other services that does not require face to face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.
3. Miscellaneous – Any other duties the employee performed during the day of Patient Flow Analysis.
4. Lunch/ Break – Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

FORM IV - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

OPTION II

Option II contains seven (7) forms which include:

- 1) Patient Flow Analysis (PFA) Sign In Form
- 2) Personnel Identification Codes

- 3) Reason for Visit Code Form
- 4) Patient Category Form
- 5) Patient Register Form
- 6) Employee Time Log
- 7) Questions to Answer from the Modified PFA Form

(See Attachment AD-11 for PFA options)

FORM I - PATIENT FLOW ANALYSIS (PFA) SIGN-IN SHEET

The Patient Flow Analysis (PFA) Sign In Sheet is designed to have all WIC applicants / participants sign in at the time of arrival. Each applicant/participant must sign in and document their arrival time.

FORM II - PERSONNEL IDENTIFICATION CODE FORM

The Personnel Identification Code is used to identify clinic staff/title involved, i.e., R.N., in the PFA. A letter from the alphabet must be assigned to each employee before the PFA begins. This form must be completed at the beginning of the Patient Flow Analysis so that each clinic staff is aware of what code is assigned to them to use for the PFA.

FORM III - REASON FOR VISIT CODES

The Reason for Visit Code is used to identify the type of services being rendered to the WIC applicant/participant.

FORM IV – PATIENT CATEGORY FORM

The client category identifies the codes you must use to identify the type of clients who are being served during the PFA.

FORM V - PATIENT REGISTER FORM

The Patient Register Form is to be placed on the record of each participant as they sign in, unless the participant is in the clinic for voucher pick up only and the record is not routinely pulled. The Patient Register Form documents the following:

1. Patient Number (it should match the number on the sign in sheet).
2. Reason for visit (see Reason for Visit Codes).
3. Patient Category (see Form IV, Patient Category Form).
4. Time of Arrival (should be the same as what is recorded on the sign in sheet).
5. Time of clinic appointment (should be the same as what is recorded on the sign in sheet).
6. Patient Service Time:
7. Contact number (must match the number on the Participant Sign-in Form).
8. Personnel ID code form (must list the staff persons involved in the PF Analysis Form II).
9. Start Time (time identified on the sign in sheet Form I).
10. End Time (time services are completed).
11. Service provided (see the reason for visit code Form III).

FORM VI – EMPLOYEE TIME LOG

The Employee Time Log form documents the following:

Name and Title of Employee – Employee who is providing services must document their name and official title.

Work Hours - Employee must document their scheduled work hours, including the time spent servicing a client or doing the clinical work, administrative work and clerical work. In addition, if an employee is working in the clinic and providing other services that do not require face-to-face work with the client, that time must be documented. For example, an employee working at the file room or making/receiving work related phone calls or doing administrative work.

Miscellaneous – Any other duties the employee performed during the day of Patient Flow Analysis.

Lunch/ Break – Employee must document the time taken for lunch or break during the day of Patient Flow Analysis.

FORM VII - QUESTIONS TO ANSWER FROM THE MODIFIED PFA

Questions from the modified PFA are listed on this form to indicate the type of information you can expect to receive from the PFA.

XIV. LOCAL AGENCIES: APPLICATION, DISQUALIFICATION AND ADMINISTRATIVE REVIEW**A. LOCAL AGENCY APPLICATION PROCESS**

Local agencies are public or private health or human services agencies as defined at 7 C.F.R. §246.2. A local agency applicant must demonstrate its ability to provide WIC services according to state policies (**see Attachment AD-14**) and in compliance with Federal WIC regulations.

The Georgia WIC Program operates in all 159 counties within the state via local public health departments and one (1) Atlanta-based contracted agency (Grady Health System). Since FFY 04, the Georgia WIC Program has expanded WIC services into non-public health agencies/providers, such as migrant health centers, health maintenance organizations, community health centers, schools and/or private provider offices.

Applications for expansion of WIC services in an area or special population already being served or for initiation of WIC services in a new area or special population shall be considered based on need as measured by participant priority (see 7 C.F.R. §246.7) and the Affirmative Action Plan (see 7 C.F.R. §246.4 (a)(5)). The state agency shall establish standards for selection of new local agencies based on considerations set forth at 7 C.F.R. §246.5 (d).

Upon request from a local agency interested in operating the Georgia WIC Program, the state agency will supply, within fifteen (15) days of inquiry, a pre-application information package containing of the following documents:

1. A cover letter explaining, at minimum, the overall application process, time frames involved, criteria for selecting agencies and information concerning the appeal process in the event that the application is denied.
2. A copy of Federal WIC regulations (7 C.F.R. Part 246).
3. A list of basic requirements to be included in the local agency's application to operate the Georgia WIC Program including staffing and equipment requirements, as well as clinical and nutritional regulatory mandates.
4. A listing of state and local agency resources.
5. A copy of the Memorandum of Understanding between the state agency and the local agency (the Memorandum of Understanding is included in the Administration Section of the WIC Procedures Manual).
6. A copy of the most current State Plan, Procedures Manual and Georgia WIC Program Information Packet.
7. Examples of nutrition education materials and participant training tapes.

Selection criteria for local agencies will be consistent with the requirements of 7 C.F.R. §246.5. Applications will also be reviewed for assurance that, at minimum:

1. The local agency has corrected all past substantiated civil rights problems and/or non-compliance situations.
2. The Civil Rights Assurance is included in the state /local agency Georgia WIC Program Agreement.
3. Civil Rights complaints are being handled in accordance with procedures outlined in the Rights and Obligations Section of the WIC Procedures Manual.
4. Clinic sites, certification offices, vendors and other food distribution sites do not deny access to any person because of his/her race, color, national origin, language, sex, age, or disability.
5. Appropriate staff, volunteers and/or other translation resources is available in areas where a significant proportion of non-English or limited English-Speaking persons reside.
6. A description of the racial/ethnic makeup of the service area is included in the application.
7. The local agency has the ability to provide appropriate WIC services to applicants and participants in accordance with USDA and the Georgia WIC Program regulations and policies.
8. The local agency's space availability is adequate to provide WIC services.

9. The local agency demonstrates the ability to manage financial obligations in accordance with USDA and state regulations and policies.
10. The local agency will demonstrate the ability to ensure the security of WIC vouchers at all times.
11. The local agency agrees to have all agency staff attend any required meetings and training programs.
12. The local agency agrees to comply with all USDA and the Georgia WIC Program reporting and documentation requirements.
13. The local agency demonstrates the ability to comply with all the Georgia WIC Program Automated Data Processing requirements.
14. The local agency agrees to make all documents and records available for review and audits
15. A facility serving homeless participants agrees to ensure that the homeless facility:
 - a. Does not accrue financial or in-kind benefits from a resident's participation in WIC.
 - b. Does not subsume foods provided by the Georgia WIC Program into a communal food service; WIC foods must only be available to the WIC participant.
 - c. Does not allow the homeless facility to place constraints on the ability of the WIC participant to partake of the supplemental foods and nutritional education available through WIC.
16. The local agency agrees to contact the facility that serves the homeless periodically to ensure continued compliance with these conditions.
17. The local agency requires the facility that serves the homeless to notify the state or local agency if it ceases to meet any of these conditions.

B. LOCAL AGENCY - DISQUALIFICATION PROCESS

1. The state agency may disqualify a local agency for the following:
 - Non-compliance with Federal WIC regulations (7 C.F.R. §246.5(e)(1)(i))
 - State WIC funds are insufficient to support the continued operation of all its existing local agencies at the current participation level (7 C.F.R. §246.5(e)(1)(ii)); or
 - A determination by the state agency following a review of local agency credentials in accordance with 7 C.F.R. §246.5(f) that another local agency can provide WIC services more effectively and efficiently (7 C.F.R. §246.5(e)(1)(iii)).
2. When disqualifying a local agency, the state agency must ensure the following:
 - Every effort must be made to transfer affected participants to another local agency without disruption of benefits (7 C.F.R. §246.5(e)(3)(i));

- The action is not in conflict with any existing written agreements between the state and local agency (7 C.F.R. §246.5(e)(3)(iii)), and Provide the affected local agency with written notice of not fewer than 60 (sixty) days in advance of the pending disqualification (**see Attachment AD-15**), (7 C.F.R. §246.5(e)(3)(ii)).

3. The written notice must include an explanation of the reasons for disqualification, the date of disqualification, and, except in cases of the expiration of a local agency's agreement, the local agency's right to administrative review as set forth in 7 C.F.R. §246.18(a)(3). (7 C.F.R. §246.5(e)(3)(ii)).

C. LOCAL AGENCY - ADMINISTRATIVE REVIEW

1. The state agency shall give 60 (sixty) days advance notice of an adverse action against a local agency and must provide full administrative review to local agencies. 7 C.F.R. §246.18(a)(3).

Actions Subject to Administrative Review

The state agency must provide administrative review for the following:

- Denial of local agency's application
- Disqualification of a local agency
- Any other adverse action that affects a local agency's participation

Actions Not Subject to Administrative Review

The state agency may not provide administrative review for the following:

- Expiration of the local agency's agreement
- Denial of a local agency's application if the state agency's local agency selection is subject to the procurement procedures of the Department of Public Health

2. Effective Date of Adverse Action Against Local Agency

Any denial of a local agency application shall be effective immediately. Adverse actions subject to administrative review shall be effective on the date the local agency receives the review decision. 7 C.F.R. §246.18(a)(3)(iii). All other adverse actions are effective 60 (sixty) days after the date of adverse action. 7 C.F.R. §246.18(a)(3)(iii).

3. Administrative Review Requests

The local agency must submit a written request for administrative review to the state agency within 15 (fifteen) days from the date of its receipt of notification of the adverse action the local agency is appealing. The state agency shall immediately refer the local agency's request for administrative review to the Office of State Administrative Hearings (OSAH). The referral should be made within one business day and in a way that allows the state agency to track receipt of the referral by OSAH, e.g., UPS, etc.

The Administrative Law Judge (ALJ) from OSAH who is assigned to the administrative review shall provide adequate notice of the administrative review to the parties. The Georgia WIC Program, which, pursuant to Federal WIC regulations, may set the number of days required for notice of the review, has established that notice should be given 15 (fifteen) days in advance. The ALJ must issue a written review decision within 60 (sixty) days of receipt of the local agency's request for administrative review. A local agency may reschedule a review one (1) time. The state agency should indicate this information on the OSAH Form One as the mandatory referral form.

The ALJ is an impartial decision maker whose determination is based solely on evidence presented at the hearing review as to whether the state agency correctly applied federal and state statutes, regulations, policies and procedures governing WIC when taking the adverse action against the local agency. The DPH appeals reviewer shall review the ALJ's decision on behalf of the state agency to ensure it conforms to approved policies and procedures. If the review decision upholds the adverse action against the local agency, the state agency must inform the local agency that it may be able to pursue judicial review of the decision. The adverse action is effective upon the local agency's receipt of the review decision.

At the administrative review before the ALJ, the local agency shall have the opportunity to cross examine adverse witnesses and be represented by counsel at its expense. Prior to the review, the local agency may examine the evidence upon which the state agency's adverse action is based. The local agency is responsible for continued compliance with the terms of any written agreement with the state agency pending receipt of the ALJ's written review decision.

XV. REQUEST FORM FOR A NEW FACILITY

A request form for a new facility must be completed by the state when/if the district requests to move into a new facility (**see Attachment AD-18**).

XVI. PARTICIPANT CHARACTERISTICS MINIMUM AND SUPPLEMENTAL DATA SETS

The Participant and Program Characteristics report requires that each state electronically submit data on participants and the program biannually (every two years) to FNS or its contractor. The participant data set is separated into two categories, minimum and supplemental.

The participant data set contains data on all participants certified as eligible for benefits for one report month (usually April). Attachment AD-16 contains a list of the minimum and supplemental data sets and indicates which of these data the state will be submitting in FFY 2014.

XVII. LOCAL AGENCY FUNDING ALLOCATION FOR INFORMATION ON FUNDING ALLOCATION

The current Nutrition Services Administration (NSA) funding formula allows growth districts to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds (**see Attachment AD-13**).

XVIII. PUBLIC COMMENT SURVEY

2015 Public Comment Survey Plans

Participant and Vendor Satisfaction Surveys will be used to collect stakeholder feedback that the GA WIC program will use to improve, enhance, and maintain provision of quality services. In addition, feedback will also be collected from advocate groups such as physicians, childcare providers, early child development learning centers, and other stakeholder groups to help the GA WIC program identify potential participants and establish and secure partnerships and service referrals.

The 2015 Participant Satisfaction Survey will use a multistage random sample of participants to obtain a statewide representative sample of WIC participants. The sampling plan is designed to provide a snapshot of WIC participant satisfaction. The survey population will consist of WIC participants (pregnant, breastfeeding and non-breastfeeding women) and caregivers of WIC participants (infants and children).

The survey will be administered at randomly selected WIC clinics on randomly selected days over a three month period, usually August through of October, of each year. Every client entering the selected clinics on designated regular service days during the collection period will receive a survey. Surveys will be available English and Spanish. The survey will be anonymous, and all results will be aggregated at the state level.

Those participants who wish to participate in focus groups or personal interviews to validate survey findings may indicate this preference on the instrument and provide contact information for follow-up. Again, participants providing qualitative feedback will remain anonymous, and results will be presented at appropriate aggregate levels.

A census of the vendor population will be used to collect feedback. The GA WIC vendor population is currently less than 1,500. The small population makes it both feasible and reasonable to allow every vendor the opportunity to provide feedback. To achieve a high response rate, defined as 70% or greater, from vendors, several methods will be employed. Vendors will receive paper survey via mail with stamped return envelopes. Vendors who do not return a mail survey will be contacted via phone to participate in the survey. Phone surveys will be administered until 70% response rate is achieved. Vendors participating in the Vendor Advisory Forum who did not participate via mail or phone, will be provided the opportunity to take the survey during a quarterly meeting.

Members of the GA WIC Vendor Retail Advisory Council may also be asked to assist with survey administration and/or survey completion. Finally, vendors may be contacted via phone, and asked to complete the survey. The census of GA WIC Vendors will occur during the same timeframe as the Participant Satisfaction Survey is administered. No vendor will be individually identified, and results will be presented at appropriate aggregate levels.

To gather advocate feedback, both quantitative and qualitative methods may be used including surveys, focus groups, and/or key informant interviews. Advocate feedback will also be collected during the same timeframe for participants and vendors.

XIX. INFORMATION SYSTEMS

Information Systems

Georgia WIC has four front end data collection systems (AEGIS, Mitchell and McCormick, Netsmart, and HealthNet2) and a contract with Computer Services Corporation (CSC) for all back end data processing, banking and reports. Georgia WIC is currently working to complete a Planning Advanced Planning Document (PAPD) that will research, assess and define alternatives for a new WIC clinical system.

The goal of Georgia WIC in conjunction with the DPH Information Technology staff is to coordinate the planning activities that will ultimately provide the Georgia Department of Public Health with a modern clinical information system that is:

- Cost effective
- Flexible
- Client and case centric
- Standardized for financial management
- Compliant with Functional Requirements Document (FReD) Standards
- Adaptable to Electronic Benefits Transfer (EBT) implementation
- Able to integrate with current clinical systems

Electronic Benefit Transfer (EBT)

Current EBT plans call for implementation of a single state system by October 1, 2018 and complete conversion to EBT by April, 2020. Milestones and plans during these next several years are located in the State Plan.

Voucher Management and Reconciliation System (VMARS)

- In FFY 2014, the state of Georgia implemented VMARS state-wide
- VMARS validates all WIC client transactions and information in real time and notifies the clinic user of any unresolved critical errors
- Upon completion of the validation process, the clinic user transmits the command to print vouchers, assigns voucher serial numbers and sends the command to the local printer
- The system eliminates the need for daily batching and provides the ability to check for dual participation in real time. The system will also help reduce the number of Bank Exceptions, Cumulative Unmatched Redemptions (CUR), Unmatched Redemption, and Critical Errors.

Attachments

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AD-1: Georgia WIC Program Master Agreement



STATE OF GEORGIA

CONTRACT BETWEEN

THE DEPARTMENT OF PUBLIC HEALTH

AND

**<COUNTY> BOARD OF HEALTH
<CBOH ADDRESS>**

FOR

**THE DISTRIBUTION OF FEDERAL AND STATE FUNDS FOR THE ADMINISTRATION OF PUBLIC
HEALTH SERVICES IN FY 2016**

CONTRACT NUMBER: 40500-<Origin Code>-<Contract Number>

Contract Effective Date: July 1, 2015

Contract End Date: June 30, 2016

Total Obligation: _____

THIS CONTRACT is made between the Department Public Health, (“DPH” or “Department”) and the <County> Board of Health (“County”) with an effective date of July 1, 2015.

WHEREAS, the Department is empowered to safeguard and promote the health of the people of this state and is empowered to employ all legal means appropriate to that end pursuant to O.C.G.A. § 31-2A-1 et seq.;

WHEREAS, the authority granted to the Department includes the power to contract with county boards of health to assist in the performance of services incumbent upon them under Chapter 3 of Title 31 of the Official Code of Georgia;

WHEREAS, the County, a county board of health created under O.C.G.A. § 31-3-1 et seq., is empowered to contract with the Department for assistance in performing the functions and duties of supplying public health services to citizens in its county;

WHEREAS, the County is a governmental entity and services provided under this contract are materially provided by the County and not passed through the government entity by a private entity and is therefore exempt from procurement pursuant to the Georgia Procurement Manual, February 2011, Section 1.2.1.1, Exempt from the State Purchasing Act, Table 1.2;

WHEREAS, the Department has a need for and desires that the County administer public health programs for the above mentioned County;

WHEREAS, the County desires to administer the public health programs; and

WHEREAS, the County, including its Subcontractors, has the skills, qualifications, expertise, financial resources and experience necessary to perform the services described in the County’s Proposal and this Contract;

NOW THEREFORE, and in consideration of the mutual promises contained in this Contract, the Department and the County hereby agree as follows:

1. DEFINITIONS AND TERMS

For purposes of this Contract the following terms, abbreviations, and acronyms are defined as follows:

Business Days: Traditional workdays, including Monday, Tuesday, Wednesday, Thursday and Friday. State Holidays are excluded.

Calendar Days: All seven days of the week.

Contract: The written, signed agreement between the State and the County comprising the executed Contract, any addenda, appendices, attachments, exhibits or amendments thereto.

County: This term refers to the County Board of Health and is synonymous with the word “Subgrantee” as used in the Code of Federal Regulations, 45 C.F.R. § 92.3.

County Non-Participating Funds: Funding for expenditures that do not qualify as a matching funding contribution by the county as determined by the State. Examples of such non-qualifying expenditures include, without limitation, such items as building rent, repairs, and maintenance costs.

Deliverable: A document, manual, report, work plan, document, or act required of the County to fulfill the requirements of this Contract.

Department and DPH: The Georgia Department of Public Health.

Grantee: The entity to which a grant is awarded and which is accountable for the use of the funds provided. The grantee is the entire legal entity even if only a particular component of the entity is designated in the grant award document.

General Grant in Aid: Those funds which the Department agrees to reimburse the County to support the infrastructure necessary for providing the Public Health Services specified in the Official Code of Georgia.

HIPAA: Health Insurance Portability and Accountability Act of 1996. A federal law that includes requirements to protect patient privacy, protects security and data integrity of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers.

MIERS: Monthly Income and Expenditure Report

O.C.G.A.: Official Code of Georgia Annotated.

Programmatic Grant in Aid: Those funds which the Department agreements to reimburse the County for the administration of public health services and programs pursuant to the requirements of Annex 2 of this Contract.

Subcontractor: Any third party who has a written Contract with the County to perform a specified part of the County's obligation under this Contract.

UAS: Uniform Accounting System

2. DEPARTMENT RESPONSIBILITIES:

- A. Reimburse the County for budgeted and authorized expenses for services provided under this Contract. The Department shall not be responsible for the reimbursement of amounts that exceed the budgeted amount unless it previously approved such expenditures. Funding shall be subject to compliance with applicable laws, rules and regulations, and Departmental policies and procedures.
- B. Collect funding from Medicaid that will be used to reimburse the County for administrative duties related to the provision of Medicaid services (administrative claiming). Those reimbursements will be based on the information in the Monthly Income and Expenditure Report ("MIERS") as reported in the Uniform Accounting System (UAS).
- C. Reimburse the County's Medicaid administrative expenditures.
- D. Review and approve the County's cost allocation plan. If necessary, the Department will notify the County of the need to revise and resubmit for further consideration.
- E. Provide technical assistance with program development, implementation, operation, evaluation and fiscal administration.
- F. Recoup the required match for Diagnostic Screening and Preventative Services Medicaid from county Public Health Program #001 Grant in Aid reimbursements on a quarterly basis and remit to the Department of Community Health.

3. COUNTY RESPONSIBILITIES

- A. County shall administer Grant-in-Aid funds in accordance with all applicable state and federal laws, rules, and regulations.
- B. County shall enter expenditures on MIERS into the UAS. County will not be reimbursed for expenditures not entered into the system in accordance with Section 16.A.
- C. County shall not charge administrative costs to a particular program unless a cost allocation plan has been approved by the Department's Division of Finance or corresponding federal agency for that program. Where authorized to charge administrative costs to a particular program, County shall conform to any cost allocation caps stated in the original grant for such program.
- D. County shall enter a line item budget to the Department into the Uniform Accounting System by August 31 of each contract year.
- E. Administer programs as required by Annex 2 Program Descriptions.
- F. Payment for testing by DPH Public Health Laboratories:
 - 1. County will pay monthly for tests conducted at its request by the Department's public health laboratories as follows: For each test, County will pay Department an amount equal to the prorated portion of any amounts received in payment for the test. [Example: County bills client \$100 for a test, of which \$20 is County's administrative fee and \$80 is DPH's fee for the test. Client pays \$50. County will keep \$10 and remit to DPH its prorated portion of \$40.]
 - 2. Within sixty days of each such monthly invoice, County will submit a reconciliation of its account to reflect amounts subsequently received for those tests. If a supplemental payment is shown to be due by the reconciliation, and supplemental payment is not submitted with the reconciliation, or no reconciliation is received within sixty days then DPH shall recoup the amount due from the County's next Grant-in-Aid distribution.
 - 3. County is strongly encouraged to use the Department's public health laboratories.
- G. Facilitate the completion of the Presumptive Eligibility for Pregnancy Medicaid application for low income, pregnant women in compliance with the Georgia Department of Community Health, Georgia Division of Medicaid Part II – Policies and Procedures Affordable Care Act for Pregnancy Presumptive Eligibility.
- H. Facilitate completion of the Women's Health Medicaid Program application for low income women diagnosed with breast and cervical cancer in compliance with the Georgia Department of Community Health, Georgia Division of Medicaid Part II – Policies and Procedures Affordable Care Act for Presumptive Eligibility Women;s Health.

- I. County shall allow Department to monitor activities to ensure use of the funds complies with the authorized purposes in compliance with Federal laws, regulations and the provisions of Annex 2.

4. DEPARTMENT PAYMENT TO COUNTY

- A. The Department's monthly payment to the County will be based upon reimbursement for expenses entered in MIERS. In the event of changes in grant funding or changes in the general Grant in Aid formula during the fiscal year, the Department reserves the right to increase or decrease the funding level found in Annex 1 Allocation Sheets throughout the term of the contract. The total reimbursement for expenses shall not exceed the total indicated on Annex 1 and as amended during the term of this Contract. DPH will use its best efforts to expedite payments to the County.
- B. During the first three quarters of this fiscal year, the Department shall withhold from an amount equal to 2% of the Grant in Aid funds available for distribution in FY 2016 to Georgia's 159 counties. The monies so withheld shall be held by DPH in reserve to assist any Counties that may experience a public health emergency (e.g., outbreak of disease, flooding, tornado, etc.) If those monies are not needed for that purpose, then they shall be released in the fourth quarter of the fiscal year, and each County shall receive its share of that 2% in accordance with the general Grant in Aid formula.

5. MUTUAL RESPONSIBILITIES

- A. In the event of a federal claim disallowance for Medicaid administrative claiming, the County will repay the Department for any reimbursement related to such disallowance.
- B. Employees of the County may be temporarily assigned to emergency areas for periods up to 30 days at the request of the Commissioner. Such employees shall be acting under the direction of the Commissioner while on emergency assignment only as provided in Attachment B.

6. EXCEEDING BUDGET ALLOCATIONS

If County anticipates that Grant in Aid expenditures may exceed an original budget allocation by more than 10%, then a budget revision must be requested in writing and approved by the Department in advance of expending the funds. Budget revisions for General Grant in Aid budget allocations must be submitted to the Department's Budget Office. Budget revisions for Programmatic Grant in Aid budget allocations must be submitted to the appropriate Program Director. Reimbursement is authorized only if the budget revision is filed and approved prior to the expenditure of funds.

7. ADVANCE OF FUNDS

- A. The Department will make an initial advance of funds to the County in accordance with this section. Payment will thereafter be made monthly to the County as set forth in Sections 3 and 4.

- B. The County shall repay the advance of funds based upon a reimbursement schedule set by the Department.
- C. The County further agrees that upon termination of this Contract, for any reason, all unexpended and unobligated Grant in Aid funds held by the County shall be returned to the Department.

8. TERMINATION DUE TO NON-AVAILABILITY OF FUNDS

Notwithstanding any other provision of this Contract, the Parties acknowledge that the State of Georgia, its officers, and agencies are prohibited from pledging the credit of the State. At the sole discretion of the Department, this Contract shall terminate without further obligation of the State if the source of payment for the Department's obligation no longer exists or is insufficient.

9. PROPERTY MANAGEMENT REQUIREMENTS

- A. County shall maintain property records that meet the minimum requirements set forth in the Department of Public Health Asset Management Policy AM-01001.
- B. Property purchased with Programmatic Grant in Aid monies must be maintained and tracked pursuant to the minimum requirements set forth in the specific federal regulations, State of Georgia regulations, and Departmental policy applicable to that program.
- C. Adequate maintenance and security procedures shall be implemented to keep the property secure and in good condition.
- D. Upon termination of any public health service program included in this agreement, the County shall account for all equipment (as defined by the State Accounting Office) purchased in whole or in part with state or federal funds received from the Department, and the Department or Federal agency providing such funds may, in its sole discretion, exercise its option to dispose of such properties in accordance with State and Federal regulations.
- E. The Department and the County agree that any equipment solely purchased with county non-participating funds may be disposed of at the County's discretion. Documentation of such purchases will be supported by a County Non-Participating Schedule attached to the county's grant-in-aid budget, and will be maintained only on the county inventory records.
- F. County shall be responsible for insuring all property purchased in County's name, regardless of the source of the funds used for the purchase.

10. REIMBURSEMENT FOR RENT

Because O.C.G.A. § 31-3-9 requires the governing body of the county to provide quarters for the operation of county health programs, the cost of renting buildings or space in buildings is not reimbursable. This paragraph does not apply to programs funded totally by Federal funds or special projects serving multi-county areas.

11. VEHICLES, VEHICULAR EQUIPMENT, VEHICLE ADMINISTRATION, OPERATIONS & MAINTENANCE

- A. County is prohibited from using state funds for motor vehicle purchases, and is limited to using county non-participating funds for motor vehicle repair and maintenance costs.
- B. County shall operate all motor vehicles owned (titled by purchase or donation) or controlled by the Department at the lowest possible cost, shall provide maximum availability of safe and serviceable equipment, and shall maintain them so as to ensure a long and economical service life.
- C. County shall ensure that adequate county non-participating funds are available to ensure minimum maintenance standards.
- D. County shall ensure that only employees are allowed to use state owned vehicles. Temporary employees and contractors are not allowed to use state owned vehicles.

12. LOCAL TAX FUNDING ESTIMATE

- A. A minimum local public fund match requirement was adopted by the Department of Human Resources in 1972. These amounts, as applicable to the appropriations object for Public Health Services, are identified in the budget allocation.
- B. Provisions of O.C.G.A. §31-3-14 stipulate the procedure for local taxing authorities to provide specific financial support, based upon budget requests submitted by the County. The County assumes responsibility for presenting a statement of need to the county taxing authority or, if appropriate, to the hospital authorities and for securing an estimate of amounts that the county indicates it will provide during the period of this agreement. The County agrees to forward documentation of this assistance to the Department by its inclusion and approval in the budget submitted for the program covered by this Contract.

13. TERM OF CONTRACT

This Contract has an effective beginning date of the 1 July 2015 and shall terminate on 30 June 2016, unless terminated earlier under other provisions of this Contract.

14. PROGRAMMATIC REPORTING

County shall submit programmatic/performance statistical reports for each program. Report requirements are included with the program descriptions and specified in Annex 2 to this Contract.

15. COLLECTION OF AUDIT EXCEPTIONS AND FINANCIAL SETTLEMENTS

The Department, at its option, may withhold disallowed costs from subsequent reimbursement regardless of the time period, or allow the County to repay the Department for the total exception

with its own funds. Financial settlements resulting from audits and reported to the Department pursuant to Paragraph 2.6.3 of the DPH External Entities Audit Standards and Sanctions Policy shall be payable within sixty days through addition or subtraction from the monthly Grant in Aid payments.

16. MONTHLY EXPENDITURE REPORT AND EXPENDITURE/REVENUE TO BUDGET COMPARISON

County shall enter revenue and expense information on MIERS into the UAS no later than the 10th calendar day following the end of each month. However, monthly reports must be submitted to the Department by the 4th calendar day following the end of the following months: September, December, March, and June. Due dates for expenditure reports may change at fiscal year-end in order to facilitate close-out of the state system. The County will be notified of any date change(s) by June 1.

17. FINANCIAL MANAGEMENT SYSTEM

The County represents that its financial management system currently complies and will continue to comply with all the standards for financial management systems specified in 45 C.F.R. § 92.20 and in O.C.G.A. § 31-3-8.

18. MAINTENANCE OF COST RECORDS

County shall maintain records pertaining to costs incurred on this Contract in a manner consistent with the requirements of 45 C.F.R. § 92.40 et seq. and in O.C.G.A. § 31-3-8.

19. COUNTY PURCHASING ACTIVITY

All County or subcontractor purchases of supplies, equipment, and services using Grant in Aid Funds or County Matching Funds, regardless of whether by sealed bids or by negotiation and without regard to dollar value, shall be conducted in a manner that is in accordance with the County's purchasing policy. The County shall have in place a current purchasing policy that does not conflict with any Federal, State, or local law.

20. CERTIFICATION AND AUTHORIZED SIGNATURES

This Contract and all attachments may be executed by the District Health Director acting as agent of the County or by a member of the County's staff acting with express authorization from the County Board of Health. The District Health Director's certification of the identity and authority of other parties signing for the County is also contained in Attachment A and made a part of this Contract.

21. COMPLIANCE WITH ALL LAWS

A. County shall comply and abide by all laws, rules, regulations, policies, or procedures that govern the Contract, the deliverables in the Contract, or either Party's responsibilities. To the extent that applicable laws, rules, regulations, statutes, policies, or procedures require the County to take action or inaction, any costs, expenses, or fees associated with that action or inaction shall be borne and paid by the County solely.

- B. County shall comply with all federal and state laws prohibiting discrimination in employment practices based on political affiliation, religion, race, color, sex, physical handicap, age, or national origin, in hiring and in decisions regarding promotions, dismissal, and other actions affecting employment.
- C. County shall comply with all federal and state laws prohibiting discrimination in client and client service practices based on political affiliation, religion, race, color, sex, handicap, age, creed, veteran status or national origin. No individual shall be excluded on such grounds from participation in, denied the benefits of, or otherwise be subjected to discrimination under any program or activity conducted by the County

22. CONFIDENTIALITY OF INDIVIDUAL INFORMATION

County warrants to the Department that it is familiar with, and will comply with, the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its accompanying regulations. County will assist the Department in its efforts to comply with HIPAA. The parties will cooperate with one another in the investigation of any complaints alleging violations of HIPAA, and in responding to investigation of such complaints by the U. S. Department of Health and Human Services. The County also acknowledges that HIPAA may require the County and the Department to sign other documents for compliance purposes, including but not limited to a Business Associate Agreement. County also agrees to abide by the terms and conditions of current DPH privacy policies and procedures.

23. RELATIONSHIP OF THE PARTIES

This Contract is not intended to create a partnership or joint venture between the Department or the County or its subcontractors. Neither Party is an agent, employee, assignee, partner, or servant of the other. County, its subcontractors, agents, and officers shall act as independent contractors and not as officers, employees, or agents of the Department. County, its agents, employees, and subcontractors shall not hold themselves out to the public as agents, employees, or servants of the Department. County shall be solely responsible for vacation pay, sick leave, retirement benefits, social security, worker's compensation, health or disability benefits, unemployment insurance benefits, or employee benefits of any kind for County employees.

24. CHANGES TO THE CONTRACT

- A. No modification or alteration of this Contract, except modification to the total funding level and any associated deliverables as specified in B. below, will be valid or effective unless such modification is made in writing and signed by both parties and affixed to this Contract as an amendment. Any decision of the Parties to amend, modify, eliminate or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect as set out herein.
- B. If the total funding level of this Contract increases or decreases, the Department shall notify the County through an official memorandum, a copy of which is attached hereto and incorporated herein as Annex 1 (Allotment Sheet). The parties shall cooperate to revise the associated deliverables to reflect such increase or decrease.

- C. This Contract is subject to renegotiation to meet any new requirements and regulations that may be issued by the Department or an agency of the Federal Government and that are communicated in writing to the other party by the Department or the Federal agency. All changes in requirements or regulations which are initiated by and under the direct control of the Department will be communicated to the other party at least ninety days prior to the effective date to provide the County an adequate period for review and renegotiation of this Contract.

25. NOTICE

- A. All notices under this Contract shall be deemed duly given upon delivery, if delivered by hand, or three calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party hereto at the addresses set forth below or to such other address as a party may designate by notice pursuant hereto.

For the Department:

Contracts Administrator: Russell Hanson
 Georgia Department of Public Health
 2 Peachtree Street, 9th Floor
 Atlanta, Georgia 30303
 Phone: 404-232-1138
 E-mail: russell.hanson@dph.ga.gov

Budget Officer: Trudy Davis
 Georgia Department of Public Health
 2 Peachtree Street, 15th Floor
 Atlanta, Georgia 30303
 Phone: 404-657-2162

For County: <County Contact Name>
 <County Name>
 <County Street Address>
 <County City,State,Zip>
 Phone: <County Contact Phone Number>
 E-mail: <County Contact Email Address>

- B. County shall inform the Contract Administrator of any change in address in writing no later than five business days after the change.

26. TERMINATION OF CONTRACT

- A. The Department may terminate this Contract for any of the following reasons:
 - i. Convenience, upon thirty calendar days' notice;
 - ii. County's insolvency or declaration of bankruptcy;

- iii. The Department determines, in its sole discretion, that the instability of County's financial condition threatens delivery of services and continued performance of County's responsibilities, upon five calendar days' notice;
 - iv. County's loss of required licenses, certificates, or permits; or
 - v. When sufficient appropriated funds no longer exist for the payment of the Department's obligation under this Contract.
- B. Upon receiving notice of termination of this Contract by the Department, County shall:
- i. Stop work under the Contract on the date and to the extent specified in the notice of termination;
 - ii. With the approval of the Contract Administrator, settle all outstanding liabilities and all claims arising out of such termination or services provided prior to the date of termination, the cost of which would be reimbursable in whole or in part, in accordance with the provisions of the Contract;
 - iii. Complete the performance of any work not terminated by the notice of termination; and,
 - iv. Take such action as may be necessary, or as the Contract Administrator may direct, for the protection and preservation of the health of all clients and the protection and preservation of all property and information related to the Contract that is in the possession of County and in which the Department has an interest.
- C. After receipt of a notice of termination, County shall submit to the Contract Administrator any termination claim it may have for reimbursable expenditures, using the form and certification prescribed by the Contract Administrator. Such claim shall be submitted promptly but in no event later than three months from the effective date of termination. County shall have no entitlement to any amount for lost revenues or anticipated profits or for expenditures associated with this or any other contract; upon termination, County shall be paid based upon the expenditures entered in MIERS.

27. DEPARTMENT APPROVAL OF COUNTY CONTRACTS

- A. In the event that County seeks to contract with an outside entity to perform its powers or exercise its functions, or to supply services which are in County's power to perform, and the amount of the proposed contract is valued at \$250,000.00 or more, then County shall submit the proposed contract to the DPH General Counsel for approval prior to execution. Contracts valued below that amount do not require prior approval from the DPH General Counsel, unless the \$250,000 threshold is reached through subsequent amendments. This paragraph applies regardless of the source of the funding for the proposed contract.

- B. County shall reimburse the Department for any Federal or State audit disallowances or other liabilities arising from the performance or non-performance of any duties under this Contract which it delegates to a contractor.

28. SEVERABILITY

A determination that any provision of this Contract is not fully enforceable shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect as set out herein. The Contract shall not be interpreted for or against any party on the basis that such party or its legal representatives caused part or the entire Contract to be drafted.

29. PUBLICITY

The Department's Division of Communications shall be notified prior to publicity or media campaigns developed by or for the County-operated programs, which identify the Department as a sponsoring agency. This is to enable the Department's Division of Communications to support the effort and to respond in a timely manner to inquiries to the Department that might result.

30. FORCE MAJEURE

Neither party to this Contract shall be responsible for delays or failures in performance resulting from acts beyond the control of such party. Such acts shall include, but not be limited to, acts of God, strikes, riots, lockouts, acts of war, epidemics, fire, earthquakes, or other disasters.

31. INTANGIBLE PROPERTY, INVENTIONS, PATENTS AND COPYRIGHTS

All data created from information, documents, verbal or electronic communications, reports, or meetings involving or arising out of this Contract ("DPH Data") shall be the property of the Department; provided, however, that "DPH Data" shall not be interpreted to include data or records maintained by County which pertain to County's patients. County is expressly prohibited from sharing or publishing DPH Data without the prior written consent of DPH, except as may be required by the Open Records Act, O.C.G.A. Section 50-18-70 et seq. If DPH consents to the publication of its data by County, County shall display the following statement within the publication in a clear and conspicuous manner: **"This publication is made possible by the Georgia Department of Public Health through a contract managed by the [county] County Board of Health."**

32. ACCESS TO RECORDS AND INVESTIGATION

- A. The Federal government and the Department shall have access to any pertinent books, documents, papers and records of the County and its subcontractors for the purpose of making audit examinations, excerpts and transcripts. County and subcontractor record retention requirements are six years from submission of final expenditure report. If any litigation, claim or audit is started before the expiration of the six year period, the records shall be retained until all litigations, claims, or audit findings involving the records have been resolved.

- B. County acknowledges that the DPH Inspector General, upon the request of the Commissioner, or his designee, has full authority to investigate any allegation of misconduct made against County, its officers, employees, or subcontractors. County agrees to cooperate fully in such investigations by providing the Office of the Inspector General full access to its records and by allowing its employees to be interviewed during such investigations.

33. CRIMINAL RECORDS INVESTIGATIONS AND DEBARMENT

- A. The County agrees to abide by 42 USCS §1320a-7 and all other related provisions or laws. To that end, the County shall not employ or use any company, entity, or individual that is on the Federal Exclusions List or any company, entity, or individual subject to 42 USCS §1320a-7.
- B. By signing or executing this Contract, the County states and certifies that it is in compliance with and that it will continue to comply with the Anti-Kickback Act of 1986, 41 USCS §51-58, and Federal Acquisition Regulation 52.203-7.
- C. County agrees to sign and comply with Attachment D, Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters.

34. INFECTIOUS DISEASE POLICY

The County agrees to comply with the Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) Policy issued by the Department.

The County further agrees that in the implementation of the Department's programs it will follow those standard operating procedures developed and identified by the appropriate program of the Department as applicable to the specific programs and as provided to the County by the program..

35. NO STATE OR FEDERAL FUNDS TO BE USED FOR LOBBYING

County warrants that no federal or state funds have been or will be used to lobby State officials.

36. NONSMOKING POLICY

- A. The County agrees to comply with 20 U.S.C. § 6081 et seq., and the Georgia Smokefree Air Act of 2005, O.C.G.A. § 31-12A 1 et seq., which forbid smoking in any portion of any indoor facility owned or leased or contracted for by the County.
- B. The County also agrees to comply with DPH Policy # HR-03010 which states that all DPH-controlled spaces and DPH owned vehicles must be tobacco-free.

37. COMPLIANCE WITH EXECUTIVE ORDERS CONCERNING ETHICS

The County agrees to comply with the Governor's Executive Orders concerning ethics matters, including, but not limited to Executive Order dated October 1, 2003 (Providing for the Registration and Disclosure of Lobbyists Employed or Retained by Vendors to State Agencies); and Executive Order dated January 10, 2011 (Establishing a Code of Ethics for Executive Branch Officers and Employees). County certifies that any lobbyist engaged to provide services has both registered and made the disclosures required by the Executive Orders.

38. MEDICAL PEER REVIEW OF ADVERSE INCIDENTS

County has the responsibility to ensure that all professional services offered to its clients meet the standard of care, and that reasonable efforts are made to protect the health and safety of clients. County shall establish a medical peer review committee in accordance with O.C.G.A. 31-7-130 through -133, or shall participate in a medical peer review committee established by its District Office. Any incident that may or could have caused injury to a client shall be referred to the medical peer review committee for investigation. County shall have a written policy for identifying and referring such incidents.

39. CRIMINAL HISTORY INVESTIGATIONS

- A. The County agrees that, for the filling of positions or classes of positions having direct patient care and treatment responsibilities for services rendered under this contract, applicants selected for such positions shall undergo a criminal history investigation which shall include a fingerprint record check pursuant to the provisions of O.C.G.A § 31-2A-7. Fingerprint record checks shall be submitted via Live Scan electronic fingerprint technology. County must utilize one of the following methods to comply with this requirement:
 - i. County will register with the Georgia Applicant Processing Services (GAPS) at www.ga.cogentid.com and follow the instructions provided at that website; or
 - ii. County may use its private Live Scan electronic fingerprint technology.
- B. Pursuant to O.C.G.A. §31-2A-7, the Department, after receiving and reviewing the criminal history report generated through the Live Scan process, will advise the County if any information contained in the report indicates a crime prohibited by the Department. Under such circumstances the individual so identified will not be employed for the purpose of providing services under this contract.

40. DISPUTE RESOLUTION

Inasmuch as DPH and County share a duty to protect the health of the people of Georgia, they pledge to exercise their best efforts to resolve any disagreements that may arise between them through good faith discussion. Subject to the authority of DPH pursuant to Paragraph 8 above, DPH may, in its discretion, elect to refer any dispute to non-binding mediation, or to binding arbitration under the auspices of the American Arbitration Association. Venue for any legal proceedings concerning this Contract shall lie solely in the Superior Court of Fulton County; however, the parties agree that litigation should be a last resort.

41. ENTIRE UNDERSTANDING

This contract, together with the attachments and all other documents incorporated by reference, represents the complete and final understanding of the parties to this contract. No other understanding, oral or written regarding the subject matter of this contract, may be deemed to exist or to bind the parties at the time of execution.

42. INCLUSION OF ATTACHMENTS

This Contract includes the following attachments and annexes:

- Attachment A Authorized Signatures
- Attachment B Emergency Operation Plan
- Attachment C Drug Free Workplace Certificate
- Attachment D Debarment Certification
- Attachment E Vendor Lobbyist Disclosure and Registration Certification Form
- Annex 1 Allotment Sheets
- Annex 2 Program Descriptions and Reporting Requirements

The following documents are available online and shall be considered part of this Contract, as if they were physically attached to the Contract:

External Entities Audit Standards and Sanctions Policy #AU-02001

<http://www.dphphil.org/DPH/Policy/Inspector%20General%20-%20Audits/Policy%20AU-02001%20Ext.%20Entities%20Standards%20Sanctions.PDF>

County Boards of Health Contract Policy #CA-05001

<http://dphphil.org/DPH/Policy/Districts/CA-05001%20CBOH%20Contracts%208Sept2014.PDF>

HIPAA Business Associate Agreement

<http://www.dphphil.org/legal>

Asset Management Policy #AM-01001

<http://www.dphphil.org/DPH/Policy/Operations/Facilities%20and%20Support%20Services/AM-01001%20Asset%20Mgmt%2014June2014.PDF>

Tobacco Use Policy #HR-03010

<http://www.dphphil.org/DPH/Policy/Operations/HR/HR-03010%20Tobacco%20Policy.pdf>

IN WITNESS WHEREOF, the Parties state and affirm that they are duly authorized to bind the respected entities designated below as of the day and year indicated.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

James C. Howgate, Chief of Staff

Date

<County> Board of Health:

BY: _____
Signature

Date

Print Name, Title: _____

ATTACHMENT A

AUTHORIZED SIGNATURES AND REVIEW AUTHORITY

AUTHORIZATION TO REVIEW AND SIGN BUDGETS AND BUDGET REVISIONS

Delegation by the Chief Executive Officer or Chairman is limited to the following persons:

Title:	Name:	Authorized Program No.
Signature:		
Title:	Name:	Authorized Program No.
Signature:		
Title:	Name:	Authorized Program No.
Signature:		
Title:	Name:	Authorized Program No.
Signature:		
Title:	Name:	Authorized Program No.
Signature:		
Title:	Name:	Authorized Program No.
Signature:		

ATTACHMENT B
DEPARTMENT OF PUBLIC HEALTH
EMERGENCY OPERATION PLAN

PURPOSE OF THIS ATTACHMENT: In accordance with the Executive Order of Governor Perdue dated February 14, 2006, which implemented the Georgia Emergency Operation Plan, 2006, which addresses emergencies and disasters of all kinds and various magnitudes, this attachment provides for the temporary realignment of health and medical service resources from established programs having coordination or direct service capability in the following service areas:

- A. Medical Care refers to emergency medical care, doctors, technicians, supplies, equipment, ambulance service, hospitals, clinics and first aid units, planning and operation of facilities and services; and
- B. Public Health and Sanitation refers to the services, equipment and staffing essential to protect the public from communicable disease and contamination of food and water supplies; development and monitoring of health information; inspection and control of sanitation measures, inspection of individual water supplies; disease vector and epidemic control; immunization; laboratory testing.

The DPH Emergency Management Planner shall facilitate and coordinate Medical Care and Public Health Services.

The County agrees that it will provide personnel, supplies, equipment and facilities, at the request of the Commissioner of the Department of Public Health (hereinafter, the "Commissioner") subject only to the immediate needs of established clients being served outside the provisions of this plan. The County agrees to temporarily reassign its employees to emergency areas for periods up to 30 days at the request of the Commissioner. Such employees shall be acting under the direction of the Commissioner while on emergency assignment only.

The emergency operations necessary for performance of this function include, but are not limited to:

- A. Pre-Emergency Operations (Mitigation/Preparedness)
 - 1. Develop, in advance, mutual support relationships where possible with professional associations and other private services and volunteer organizations that may assist during the emergency or disaster.
 - 2. Conduct drills and exercises to evaluate the coordination of response to medical emergencies in disaster situations.
- B. Emergency Operations (Response)
 - 1. Support the disaster with all available resources.
 - 2. Coordinate emergency medical care.
 - 3. Manage the public health services.
 - 4. Issue Public Health notice for clean-up on private property using public support.
 - 5. Coordinate crisis counseling and mental health assistance.
 - 6. Coordination of the full range of health and medical services to eligible individuals, groups and other entities serviceable under this annex.
- C. Post Emergency Operations (Recovery)
 - 1. Provide representation to the established Disaster Assistance Centers as requested.
 - 2. Continue to augment services to affect rapid recovery.
 - 3. Restore equipment and supplies to normal state of operational readiness.
 - 4. Resume day-to-day operations.

ATTACHMENT C

U.S. DEPARTMENT OF AGRICULTURE

OMB APPROVAL NO. 0991-0002

**CERTIFICATION REGARDING
DRUG-FREE WORKPLACE REQUIREMENTS (GRANTS)
ALTERNATIVE I - FOR GRANTEE OTHER THAN INDIVIDUALS**

This certification is required by the regulations implementing Sections 5151-5160, of the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D; 41 U.S.C. 701 et seq.), 7 CFR Part 3017, Subpart F, Section 3017.600, Purpose. The January 31, 1989, regulations were amended and published as Part II of the MAY 25, 1990, Federal Register (pages 21681-21691). Copies of the regulations may be obtained by contacting the Department of Agriculture agency offering the grant.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

Alternative I

- A. The grantee certifies that it will or will continue to provide a drug-free workplace by:
 - (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
 - (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
 - (e) Notify the agency in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position, title, to every grant officer on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, State, zip code)

Check if there are workplaces on file that are not identified here.

Organization Name Award Number or Project Name

Name and Title of Authorized Representative

Signature Date

Instructions for Certification

1. By signing and submitting this form, the grantee is providing the certification set out on pages 1 and 2.
2. The certification set out on pages 1 and 2 is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If know, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
4. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).
5. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph three).
6. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

"Controlled substance" means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

"Conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

"Criminal drug statute" means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

"Employee" means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) all "direct charge" employees; (ii) all "indirect charge" employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if sued to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

ATTACHMENT D

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, AND OTHER RESPONSIBILITY MATTERS

Federal Acquisition Regulation 52.209-5, Certification Regarding Debarment, Suspension, Proposed Debarment, and Other Responsibility Matters (March 1996)

- A. The County certifies, to the best of its knowledge and belief, that—
 - 1. The County and/or any of its Principals—
 - a. Are are not presently debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal agency;
 - b. Have have not within a three-year period preceding this offer, been convicted of or had a civil judgment rendered against them for: commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract or subcontract; violation of federal or state antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, evasion, or receiving stolen property; and
 - c. Are are not presently indicted for, or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in subdivision (a)(1)(i)(B) of this provision.
 - 2. The County has has not within a three-year period preceding this offer, had one or more contracts terminated for default by any federal agency.
 - a. "Principals," for purposes of this certification, means officers, directors, owners, partners, and, persons having primary management or supervisory responsibilities within a business entity (e.g., general manager, plant manager, head of a subsidiary, division, or business segment; and similar positions).

This certification concerns a matter within the jurisdiction of an Agency of the United States and the making of a false, fictitious, or fraudulent certification may render the maker subject to prosecution under 18 U.S.C. § 1001.

- B. The County shall provide immediate written notice to the Contracting Officer if, at any time prior to contract award, the County learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- C. A certification that if any of the items in paragraph (a) of this provision exist will not necessarily result in withholding of an award under this solicitation. However, the certification will be considered in connection with a determination of the County's responsibility. Failure of the County to furnish a certification or provide such additional information as requested by the Contracting Officer may render the County non-responsible.
- D. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (a) of this provision. The knowledge and information of a County is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- E. The certification in paragraph (a) of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the County knowingly rendered an erroneous certification, in addition to other remedies available to the Government, the Contracting Officer may terminate the contract resulting from this solicitation for default.

<County> Board of Health:

Signature

Date

Title

ATTACHMENT E

VENDOR LOBBYIST DISCLOSURE AND REGISTRATION CERTIFICATION FORM

Pursuant to Executive Order Number 10.01.03.01 (the "Order"), which was signed by Governor Sonny Perdue on October 1, 2003, Contractors with the state are required to complete this form. The Order requires "Vendor Lobbyists," defined as those who lobby state officials on behalf of businesses that seek a contract to sell goods or services to the state or those who oppose such a contract, to certify that they have registered with the State Ethics Commission and filed the disclosures required by Article 4 of Chapter 5 of Title 21 of the Official Code of Georgia Annotated. Consequently, every vendor desiring to enter into a contract with the state must complete this certification form. False, incomplete, or untimely registration, disclosure, or certification shall be grounds for termination of the award and contract and may cause recoupment or refund actions against County.

In order to be in compliance with Executive Order Number 10.01.03.01, please complete this Certification Form by designating only one of the following:

- County does not have any lobbyist employed, retained, or affiliated with the County who is seeking or opposing contracts for it or its clients. Consequently, County has not registered anyone with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.
- County does have lobbyist(s) employed, retained, or affiliated with the County who are seeking or opposing contracts for it or its clients. The lobbyists are:

County states, represents, warrants, and certifies that it has registered the above named lobbyists with the State Ethics Commission as required by Executive Order Number 10.01.03.01 and any of its related rules, regulations, policies, or laws.

<County> Board of Health

BY: _____
SIGNATURE

DATE

TITLE

**ANNEX 1
ALLOTMENT SHEETS**

ANNEX 2 PROGRAM DESCRIPTIONS AND REPORTING REQUIREMENTS

PROGRAM NAME: PUBLIC HEALTH CONTRACTED SERVICES FOR LOCAL BOARDS OF HEALTH
 PROGRAM CODE: 001
 FUNDING SOURCE: STATE FUNDS
 PURPOSE: To support public health infrastructure necessary for providing basic public health services.
 FUNDING REQUIREMENTS:

Restrictions:

- Funds may be utilized to support public health infrastructure in support of the provision of public health services. However, unless specifically authorized by the terms of a particular grant, funds may **not** be used for building rent, building repairs and maintenance, motor vehicle purchases, or motor vehicle repairs and maintenance.

Deliverables:

- The County will provide basic public health functions, as enumerated in O.C.G.A. § 31-3-5, and provide public health services which include but are not limited to those listed below in accordance with laws, rules, and regulations that govern County Boards of Health.

Women’s Health

- Provide women’s health services to individuals requesting service in adherence with the requirements of applicable federal, state and local governments and Program Guidelines, and provide clinical services in accordance with current Public Health manuals, policies and procedures, including program manuals and the current Nurse Protocols for Registered Professional Nurses in Public Health.

Environmental Health

Provide environmental health programs as mandated by law according to standards set by the Department:

- *Food Service Program* -to inspect and permit each food service establishment to determine compliance with health laws and rules, regulations and standards as per O.C.G.A. § 26-2-370 *et seq.*
- *Tourist Accommodations Program* - to inspect and permit each tourist accommodation to determine compliance with health laws and rules, regulations and standards as per O.C.G.A. § 31-28-1 *et seq.*
- *On-Site Sewage Disposal Program* – Enforce DPH Rules and Regulations and county regulations as per O.C.G.A. § 31-2A-11 and -12 and § 31-3-5 through -5.2.
- *Swimming Pool Program* - Inspect and permit public swimming pools as per O.C.G.A. § 31-45-1 *et seq.*
- *Lead and Healthy Homes Program* – Provide written notice of hazard, abatement requirement, and routine cleaning activities to owner or managing agent and residents as per O.C.G.A. § 31-41-1 *et seq.*
- Inspect public/private property at reasonable times to determine the presence of disease, conditions deleterious to health or to determine compliance.
- Declare any county or any area therein or any group of counties or areas therein where rabies exists to be an infected area and provide Immunization and other measures as per O.C.G.A. § 31-19-1 *et seq.*
- *Tattoo parlors and body crafting facilities* –to inspect and permit tattoo parlors and body crafting facilities as per O.C.G.A. § 31-40-1 *et seq.*

Epidemiology

- Investigate and provide laboratory services (if available) in the detection and control of reportable diseases, disorders, and disabilities; research, investigate and disseminate information concerning reduction in the incidence and proper control.
- Investigate and define illnesses or health conditions caused by bioterrorism, reportable diseases, epidemic or pandemic disease, or novel and highly fatal infectious agents or toxins. Identify, interview, and counsel individual exposed to risk. Develop information relating to source and spread of risk.
- Close or evacuate any facility or materials if it is suspected such material or facility may endanger the public health.
- Ensure that proper officials are notified of any reportable disease, injury or condition.

Health Promotion and Disease Prevention

- Implement evidence-based strategies that address prevention, health promotion, early detection, and screening.

Infectious Disease Control

- Report diagnosis and treatment of sexually transmitted disease cases as required.
- Examine persons infected or suspected of being infected with HIV and administer HIV test as authorized by state law.
- Observe Blood Borne Pathogens Standard governing occupational exposure of public employees to blood and other potentially infectious materials.
- Perform standard diagnostic testing on pregnant women. The Department hereby delegates to County its authority to require, if necessary, that a blood specimen be taken for use in such test as per O.C.G.A. § 31-17-4.

Emergency Preparedness

- Prepare, regularly update, exercise and maintain a public health emergency plan and District specific Annexes, ensuring ability to respond to or coordinate a Public Health response to a local, state, inter-state or national case of the declaration of a public health emergency.
- Coordinate or assist with coordination of a mass vaccination campaign against contagious or infectious disease where disease may occur, such as Pandemic Influenza.
- Coordinate or assist with coordination of quarantine or surveillance of carriers of disease and persons exposed to, or suspected of being infected with infectious disease, at major ports of entry and/or in preparing for or responding to events, such as a Pandemic Influenza.

PERFORMANCE MEASURES:

- Number of unduplicated clients served
- Number of client visits and services provided

ALLOCATION METHOD: Population Share (40%), Poverty Share (40%), Poverty Rate (20%)

Population share = County Population/Georgia Population

Poverty Share = County Population living at and below FPL/Georgia Population

Poverty Rate = [(County Population living at and below FPL/Total County Population)/(sum over all counties of (County Population living at and below FPL/Total County Population))]

REPORTING REQUIREMENTS:

- Provide reports on services that are funded in whole or in part by this allocation as requested by Department. Examples of information on services include but are not limited to numbers of unduplicated clients served, numbers of client visits and services provided. DPH will cooperate with County to minimize the administrative burden in responding to requests for such reports.

DEPARTMENTAL CONTACT:

James C. Howgate, Chief of Staff
Georgia Department of Public Health
2 Peachtree Street, N.W., Suite 15-480
Atlanta, Georgia 30303-3166
Phone: (404) 657-1501
E-mail Address: James.Howgate@dph.ga.gov

ANNEX 2

PROGRAM DESCRIPTIONS AND REPORTING REQUIREMENTS

All programmatic grant in aid Annex 2 documents and revisions thereto throughout the period of this contract may be located on the Public Health Information Library (PHIL) at <http://www.dphphil.org/> and are incorporated into this document by reference.

AD-2: Surplus/Destruction Form



Surplus / Destruction Form # AM01001C

Releasing Agency Information			
From Agency:			
Property Location:			
Address 1:			
Address 2:		City:	
County:	State:	Zip:	
Location Contact:			
Phone:			
Email:			

Requested Date: _____

Action Requested:
Choose an item.

Surplus Number: _____

Receiving Agency Information			
From Agency:			
Property Location:			
Address 1:			
Address 2:		City:	
County:	State:	Zip:	
Location Contact:			
Phone:			
Email:			

Line #	QTY	Item Description	Make/Model	Serial/VIN/Asset ID	Condition
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.

Received By: _____

Released By: _____

Date: _____

Date: _____

Form # AM-01001C Surplus/Destruction Form – Revised 06/12/2014

AD-3: Release of Information Form



AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION

NAME OF INDIVIDUAL/PATIENT	
DATE OF BIRTH	
ADDRESS	CITY/STATE/ ZIP

- I hereby voluntarily authorize _____ to disclose the medical information indicated below to _____.
- The purpose for this disclosure is for _____.
- The information to be disclosed is:
 - Entire Medical Record
 - Only medical information from the period _____ to _____.
 - Other (specify) _____

If you would like any of the following sensitive information disclosed, please indicate with a check mark below:

 - Alcohol/ Drug Abuse Treatment
 - HIV/ AIDS- related Treatment
 - Mental Health (other than psychotherapy notes*)
- This authorization shall become effective immediately and shall remain in effect until _____ (date) or for one year from the date of signature if no date is entered.

I understand that I may revoke this authorization in writing at any time prior to the release of information from DPH, and that revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

I understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization.

I understand that information disclosed by this authorization may be subject to re-disclosure by the recipient and no longer protected by the Health Insurance Portability and Accountability Act.

Print Patient's Name

Patient's Signature

Print Authorized Representative's Name (if applicable)

Authorized Representative's Signature (if applicable)

Date

**Psychotherapy notes* means notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. 45 C.F.R. 164.501.

**AD-4: STATE OF GEORGIA INTRA-AGENCY MOA
BETWEEN**

**THE GEORGIA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF NUTRITION AND WIC
AND
MATERNAL AND CHILD HEALTH PROGRAM**

WHEREAS, this Agreement is made and entered into by and between the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC (hereinafter referred to as “WIC”) and the Maternal and Child Health Program (hereinafter referred to as “MCH”);

WHEREAS, this Agreement will allow for the use of WIC participant information by the following MCH programs:

- 1) Newborn Hearing Screening
- 2) Newborn Metabolic Screening
- 3) Children’s 1st
- 4) Babies Can’t Wait
- 5) Children’s Medical Services
- 6) Oral Health
- 7) Family Planning
- 8) Epidemiology
- 9) Injury Prevention, and
- 10) MCH Director’s Office.

This information will be used for the purposes of 1) assessing and evaluating the responsiveness of Georgia’s health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.

NOW, THEREFORE, in consideration of the mutual covenants herein set forth, it is agreed by and between the parties hereto as follows:

I. WIC agrees to:

- A. Provide an annual report by FFY, SFY, and CY in Excel format for all enrolled women, infants and children participants that contains the following information:
 - 1. Height
 - 2. Weight
 - 3. BMI
 - 4. Hematocrit
 - 5. Hemoglobin
 - 6. Participant type (pregnant woman, breastfeeding woman, post partum woman, infant, or child)
 - 7. Up to five risk factors
 - 8. Services enrolled in
 - 9. Services referred to
 - 10. Breastfeeding method (none, partially or total)

- B. Provide the information specified in Section I (A) of this Agreement to the respective program staff annually from the WIC participant database computer system. The information will be included in the report titled "Enrolled WIC Participant Medical and Nutritional Data File" and electronically transferred. The first report will be sent March 31, 2012 for the year of 2011 and each year thereafter in November.

II. MCH Respective Program agrees to:

- A. Use identifying WIC participant information for the purpose of 1) assessing and evaluating the responsiveness of Georgia's health system to participants' health care needs and health care outcomes; and 2) enhancing the health, education, or well-being of WIC participants.
- B. Not contact WIC participants.
- C. Assure that it shall not disclose information provided by WIC under this Agreement to a third party and resist efforts made by others to obtain the information.
- D. Upon termination of the Agreement, to cease all use of identifying WIC participant information and to assure that it shall not disclose information provided by WIC under the Agreement to a third party and shall resist efforts made by others to obtain the information after termination of the Agreement.
- E. Establish at all times the appropriate administrative, technical, and physical safeguards to protect confidentiality of the identifying WIC participant information and to prevent unauthorized use of or access to the information.

III. Restrictions on Use

The parties to the Agreement shall treat all information that is obtained or viewed by them or through their staff as confidential information and shall not use any information so obtained in any manner, except for the purposes stated in this Agreement.

IV. Notices and Liaisons

The parties will coordinate and conduct communications through their respective Liaisons identified below. Any communication in writing, or any oral communication confirmed in writing, from the respective liaisons will be deemed communications and notices from the party.

For WIC:

Debra Keyes, MA, RD
Georgia Department of Public Health
2 Peachtree Street, 11th Floor
Atlanta, Georgia 30303
Phone #: (404) 657-2850

**For Public Health:
 Brenda Fitzgerald, MD
 Georgia Department of Public Health
 2 Peachtree Street, 15th Floor
 Atlanta, Georgia 30303
 Phone #: (404) 657-2703**

V. Entire Agreement; Conflicting Provisions; Amendment

This Agreement contains the entire Agreement between the parties with regard to its subject matter and supersedes all other prior and contemporaneous statements, agreements, and understandings between the parties regarding its subject matter. Only a writing of equal dignity signed by the parties may amend this Agreement. Contractor will not begin to provide revised services until a contract amendment setting forth the revision has been executed.

VI. Period of Agreement:

This Agreement shall become effective March 1, 2012 and shall automatically renew annually unless otherwise terminated as provided for in this Agreement.

VII. Termination

This Agreement may be canceled or terminated by either of the parties by written notice of its intention to cancel or terminate this Agreement to the other party with at least thirty (30) days' notice.

VIII. Parties Bound

This Agreement is binding upon all employees, agents and third-party vendors of WIC and the MCH Program and will bind the respective heirs, executors, administrators, legal representatives, successors and assigns of each party.

SIGNATURES

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party have hereunto affixed their signatures on the day and year indicated below.

Debra Keyes, MA, RD
Director, Georgia WIC Program

 Date

Brenda Fitzgerald, MD
Commissioner

 Date

AD-5: REQUEST TO ESTABLISH NEW CLINICS/CLINIC CHANGES

GEORGIA WIC PROGRAM

REQUEST TO ESTABLISH NEW CLINICS/CLINIC CHANGE

PURPOSE OF REQUEST: EST. NEW CLINIC CLINIC CHANGE
 CLINIC NUMBER

EFFECTIVE DATE OF CHANGE _____
 TYPE OF CHANGE _____
 DIST/UNIT _____ DATE SUBMITTED _____
 COUNTY# _____ COORDINATOR _____

CONTRACT # (IF LOCATED OUTSIDE OF HEALTH DEPT.) _____
 CONTACT PERSON _____
 NEW CLINIC NAME _____
 MAILING ADDRESS (not a Post Office Box) _____
 PHONE# _____ ATTENTION: _____
 CLINIC DAYS AND HOURS OF OPERATION _____
 PURPOSE OF PROPOSED CLINIC (circle) initial certification re-certification nutrition education voucher issuance
 Other (specify) _____
 SCHEDULE OF VOUCHER ISSUANCE (circle) monthly bi-monthly odd bi-monthly even
 PLEASE INDICATE IF TADS & VOUCHERS ARE TO BE SHIPPED TO ANOTHER LOCATION OTHER THAN THIS CLINIC _____

VOUCHER ORDERS	
SPECIAL VOUCHERS _____	
BLANK VOUCHERS _____	

TAD ORDERS	
BLANK TADS _____	
PREPRINTED TADS _____	

PREPRINTED VOUCHER PACKAGES

WOMEN (P&B) _____ PACKAGES
INFANTS _____ PACKAGES

WOMEN (N) _____ PACKAGES
CHILDREN _____ PACKAGES

PLEASE INDICATE A BEGINNING TAD NUMBER (EXAMPLE: CLINIC #123 WOULD BE 123000001 FOR THE BEGINNING TAD NUMBER) _____

CSC COVANSYS WILL ASSIGN A MAXIMUM NUMBER OF INDIVIDUAL VOUCHERS TO BE PRINTED. THIS NUMBER WILL EQUATE TO 100 PACKAGES FOR WOMEN, 100 PACKAGES FOR INFANTS AND 100 PACKAGES FOR CHILDREN. IF YOU WISH TO INCREASE THIS NUMBER, PLEASE INDICATE: YES _____ NO _____

FOR GEORGIA WIC PROGRAM USE	
APPROVED _____	DISAPPROVED _____
FOR CSC COVANSYS USE	
NEW CLINIC # ASSIGNED _____	
EFFECTIVE DATE _____	
COMPLETED BY _____	
SYSTEM MAINTENANCE REPORT # _____	

Revised 3/12

AD-6: Computer System Issues and Problem Report Form

**Georgia WIC
COMPUTER SYSTEM ISSUES REPORT**

Date submitted:	Date problem discovered:
Clinic number:	District/Unit number:
Name of person reporting issue:	Position:
Telephone number:	Email:
Name of person experiencing issue:	Position:
Telephone number:	Email:

Directions: Type a ✓ next to selections and email to aaainsley@dhr.state.ga.us

Problem Type: (Choose Option I or Option II below):

Option I

Part I (To be completed when system goes down)

- 1) VMARS SYSTEM Shutdown:
- 2) Date System Shutdown:
- 3) System Solution Chosen: (check one below):
 - Manual TADS and vouchers
 - Stored data in computer

Part II (To be completed when the system come back on)

- 1) Date System Restored:
- 2) Date information was entered into the VMARS System:

Part III

Contacted CSC on: _____ Date Contacted the State: _____ Date

Spoke to: _____ Spoke to: _____

Signature of Person who completed this report:

AD-7: NEW SITE PERMISSION FORM

TO: District Health Directors
FROM: Georgia WIC Program Director
DATE: XX XX, 20__
RE: Permission to Open a New WIC Site.

Georgia WIC Program Review Team has completed the site(s) visit located at:

Based on this visit the district site(s) listed above:

May Open: _____

May Not Open; _____

If you have any questions, please contact the Operations Unit at (404) 657-2900.

AD-8: Data Request Form

DATA REQUEST FORM

Date of Request: ___/___/___

Date Data Needed: ___/___/___

Name: _____

D/U/CL: _____

Address: _____

Phone: _____

Fax: _____

Type of Requested Data: _____

Description of Data Requested (Attach additional sheets if necessary)
(Please be specific)

Format: (Excel, Access, other-specify) _____

Media: (Paper, E-mail, CD ROM, other specify) _____

For State Office Use Only:

Date Received: _____

Assigned To: _____

Reviewed By: _____

Date Complete: _____

Notes: _____

AD-9: New Clinic Evaluation Report

Health District: _____

Clinic: _____

Date: _____

Satisfactory = S

Unsatisfactory = U

Recommendation = R

Not Applicable = NA

Satisfactory, Needs Improvement = SN

This New Clinic Evaluation Report will be used to ensure uniformed adherence to clinic set up specifications. A written summary of activities must be submitted and approved before the clinic in question can officially be opened.

NEW CLINIC SITE	S	U	R	NA	SN
PART I – PROGRAMMATIC					
A. Location of Records Are participant records kept on file?					
B. Documentation of Transfer Methods How are participants transferred?					
C. Security (ID Card, WIC Stamp, VOC Cards, VOC Card Log) Are security procedures being followed?					
D. Equipment in Place with Inventory Numbers Is WIC purchased equipment accurately identified?					
E. Policy/Action Memos Does the new clinic have a copy of all policy memos on file?					
F. Procedures Manual Is a current Procedures Manual located in the clinic?					
G. Poster (No Smoking, Civil Rights, LEP, How to File a Complaint and No Charge) Are required posters displayed in the clinic?					
H. Certification Form Are current certification forms available?					

<p>I. Certification Process Are policies and procedures followed during the certification process?</p>					
<p>J. Processing Standards Are staff aware of WIC processing standards timeframes?</p>					
<p>K. Adequate Space for Intake Is the space provided adequate for patient confidentiality during the intake process?</p>					
<p>L. Copy Machine Is a copy machine available to copy required residency, identification and income proofs?</p>					
<p>M. Clinic Hours of Operation (after hours one day a week) What are the clinic's hours of operation?</p>					
<p>N. Agreement with the State Georgia WIC /District/Hospital Does the Coordinator/District Office/Georgia WIC have a signed copy of the agreement on file?</p>					
<p>O. Civil Rights Has staff been trained in the area of Civil Rights? Note:</p> <ol style="list-style-type: none"> 1. Demographics of the population to be served in order to evaluate program access – Racial makeup of the area you will be serving and who will be attending the clinic. A public health website that may be used to collect this information is http://oasis.state.ga.us/. 2. Data collected regarding covered employment including use of bilingual public-contact employees serving LEP (Limited English Speaking) beneficiaries of the programs – Racial ethnic data of the employees that will be working at the new clinic. 3. Evaluation of the location of existing or proposed facilities connected with the program and whether access would be difficult or impossible because of locale – Is there anyone who would be denied services due to the facility and racial makeup of the clinic. 4. Review of the composition of the planning or advisory board – Racial makeup of the new facility. 5. Analysis of civil rights impact, if relocation of the clinic is involved – Provide an analysis of the new location. This only applies when the clinic is relocating. 6. A written assurance by any program applicant or recipient that it will compile and maintain records required by the (FNS) Food Nutrition Service guidelines or other directives. 7. The manner in which services are or will be provided by the program in question, and related data necessary for determining whether any persons are or will be denied such services on the basis of prohibited discrimination. 					

<p>8. A statement of notification from the program applicant or recipient to promptly notify (FNS) Food Nutrition Service of any lawsuit filed against the program applicant or recipient or sub recipient alleging discrimination on the basis of race, color, or national origin and that each recipient notify (FNS) Food Nutrition Service of any complaints filed against the recipient alleging such discrimination; and that each program applicant or recipient provide a brief description of any pending application to other Federal agencies for assistance, and of Federal assistance being provided at time of application or requested report .</p> <p>9. A statement or description of previous civil rights reviews regarding the program applicant two years prior to applying as well as any information about the agency or organization performing the review and any periodic statements by the recipient regarding such reviews.</p> <p>* Please note that a program applicant or recipient is the entity applying for program funding to serve WIC participants.</p>					
<p>P. Voter Registration Are WIC participants given the opportunity to vote and is documentation batched? Are declaration forms kept on file?</p>					
<p>Q. Prenatal Logs Is documentation available to review rescheduled missed appointments for prenatal applicants?</p>					
<p>R. Separation of Duties If one person conducts certification and issues vouchers, is the documentation sent to the District office to review for approval?</p>					
<p>S. Interview Script Is the applicant/participant given the opportunity to chose race, migrant and Hispanic/Latino status?</p>					
<p>T. Request for Services Log Is the Request for Services Log used in the clinic? If not, what method is used to document processing standards, e.g., appointment book, computer.</p>					
<p>U. Access to VOC/EVOC Cards Are VOC cards located in the clinic? Is staff using the electronic EVOC card system?</p>					
Part II – COMPLIANCE ANALYSIS					
<p>A. Voucher Inventory The VPOD and Manual inventory must be conducted for all vouchers issued to participants.</p>					

B. Voucher Security Vouchers must be stored in a safe and secure location at all times.					
C. Printer Security Printers must not be accessible to participants or any unauthorized personnel.					
D. Transported Vouchers Vouchers in a hospital setting can be transported in a locked clipboard, lockbox or locked briefcase.					
E. Issuance Space Adequate space for issuing vouchers to participant with security of vouchers maintained.					
PART III – NUTRITION SECTION					
A. Anthropometrics					
1. Height Board Meeting Standards?					
2. Length Board Meeting Standards?					
3. Adult Scales Meeting Standards/Certified within Last Year?					
4. Infant Scales Meeting Standards/Certified within Last Year?					
B. Growth Charts					
1. Birth-36 months and 2-20 Years for Boys and Girls?					
2. Prenatal Weight Gain Grid?					
C. Certification					
1. Hemoglobin/Hematocrit Procedures for Evaluation?					
2. Dietary Assessment Sheets?					
3. Certification Forms?					
4. Computer Certification?					
D. Staff Interviews					
1. Nutritionist					
2. Clerk					
3. Nurse					
4. Nutrition Assistant					
E. Staff Training					
1. Nutritionist					
2. Clerk					
3. Nurse					
4. Nutrition Assistant					
F. Breastfeeding Promotion and Support (friendly environment)?					

G. Adequate Space to Work?					
H. Adequate Space for Counseling?					
I. Adequate Space for Voucher Issuance/Waiting Room?					
J. Patient Confidentiality?					
K. Clinic Flow?					
L. Resources					
1. Nutrition Education Materials (provide list of materials available at clinic site)?					
2. Nutrition Education Materials Ordering Catalog (describe process for ordering nutrition education materials)?					
3. Nutrition Guidelines for Practice?					
4. Risk Criteria Handbook?					
5. Calculator?					
PART IV – Systems Information					
A. Clinic Information					
1. Clinic Number					
2. Full VPOD					
3. WIC Computers					
4. Clinic Staff Authorized to Use WIC System					
5. Clinic Supervisors Listed					
6. Current Authorized Users Kept on a List					
7. Non-clinic Staff Authorized to Use WIC System Listed					
8. Terminated or Transferred Staff Still on the List					
B. Physical Security					
1. Computer, Printer and Voucher Stock in a Safe Area					
2. Computer is Locked in a Safe Area when Clinic is Closed					
C. Program Security					
1. System Backed Up Daily?					
2. Provisions for Storing Backup Files in Case of Fire or Other Disasters?					
3. Users No Longer Employed by WIC Deleted from the System?					
4. List of Users and their Passwords Kept in the Clinic (No such list should be kept <u>anywhere</u>)?					

5. Clinic Maintains a Supply of Both Blank and Pre-numbered Paper TADs for Use in Emergencies?					
6. Clinic Maintains a Supply of Blank Manual Vouchers for Use in Emergencies?					
7. Clinic Maintains a Supply of Blank Standard Vouchers for All WIC Types as well as Blank Manual (999 series) Vouchers for Use in Emergencies?					
8. Acknowledgement Dates for ETAD and Voucher Batches are Posted?					

Comments/Observed Strengths and Weaknesses:

Nutrition Services Director/Clinic Manager Date Completed Date Submitted to the State

For State Agency Use Only

State Staff Receiving Signature

Date Received by the State

AD-10: NUTRITION SERVICES DIRECTOR JOB DESCRIPTION

Under broad supervision of the District Health Director and/or the District Program Manager, plans, implements, monitors, and evaluates the nutrition services of a Public Health District and WIC services to include certification section, rights and obligations section, administrative section, vendor section, food package section, nutrition education section, special population section, outreach section, food delivery section, compliance section, monitoring section, breastfeeding section, computer system section and disaster plan section.

Job Responsibilities and Performance Standards:

- I.** Advises and collaborates with the agency health official, senior policy makers, administrators and legislators who have a significant impact on the mission, programs and policies in the District Health Agency. (Performed by all incumbents)
 1. Participates in the development of health policies as a member of the health agency's management team.
 2. Reviews and comments on proposed legislation, regulations, and guidelines promulgated by federal, state, and local legislative bodies and regulator agencies; and, evaluates potential impact on health agency performance and environment.
 3. Participates in development, implementation and compliance with nutrition standards of care and quality assurance throughout health agency.
 4. Collaborates with community agencies or groups and provide nutrition outreach and educational information as needed.

- II.** Develops long and short term goals for the health agency and participates in the agency's strategic and operational planning. (Performed by all incumbents)
 1. Identifies programs and services to be implemented.
 2. Conducts agency and community assessments. Uses health and management information databases in decision making.
 3. Identifies available and needed nutrition resources for the target population. Plans future directions by coordinating and writing the State Administrative/Nutrition Education Plans.
 4. Approves the district's nutrition plan within established time frames.

- III.** Prepares the agency's multi-million dollar nutrition services budget (i.e., WIC, Medicaid, other third party reimbursements and contract funds) and prepares grant proposals and contracts to obtain funds for expansion of nutrition services. (Performed by all incumbents)
 1. Budgets multiple source nutrition funding, (i.e., WIC, Medicaid, other third party reimbursements, grant and contract funds) in compliance with federal, state and local standards.
 2. Monitors expenditures to ensure conformity to budget category allowance. Identifies potential cost overruns.
 3. Administers grants and contracts for nutrition services according to applicable laws and guidelines.

- IV.** Participates as an active member of the agency management team and recommends health program utilization and implementation strategies. (Performed by all incumbents)
 1. Accurately determines staffing, facility and equipment needs. Coordinates staff activities, assign work and set priorities and deadlines for staff.

2. Provides appropriate input in the design and implementation of the agency management information system.
 3. Thoroughly evaluates and monitors nutrition services outcomes for budget justification and for program compliance.
 4. Conducts self-reviews annually using the "Georgia WIC Program Local Agency Monitoring Tool" to evaluate operations and to document findings for usage at the State level and Local level.
 5. Participates as a member of the District Health Emergency Assistance and Resource Team (DHEART).
- V.** Provides expert nutrition information on technical application of nutrition expertise to agency and community administrators, policy makers and advocacy groups. (Performed by all incumbents)
1. Provides timely responses to inquiries regarding nutrition information by human service professionals, related community volunteer agencies and/or educators or academic.
 2. Provides nutrition policy analysis and interpretation to administrators, legislators and/or corporate/industry inquiries as needed.
 3. Collaborates as agency representative in community advocacy or volunteer agencies, providing nutrition and health educational information and agency support.
 4. Responsible for researching and providing training opportunities to nutrition competency for nutritionists, public health nurses and other health care workers.
 5. Responsible for overseeing breastfeeding trainings and to attend biannual coalition meetings.
- VI.** Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation. (Performed by all incumbents)
1. Define goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
 2. Communicates regularly with staff on progress toward defined goals and/or required results providing specific feedback and initiating corrective action when defined goals and/or required results are not met.
 3. Confers regularly with staff and supervision to review employee relation's climate, specific problem areas and actions necessary for improvement.
 4. Evaluates employees at scheduled intervals; obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
 5. Recognizes contributions and celebrate accomplishments.
 6. Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.
- VII.** Manages human resource and employee relation's functions. (Performed by all incumbents)
1. Interviews applicants or employees to fill vacancies or promotional positions according to applicable laws, rules and policies.
 2. Selects or promotes the appropriate number of individuals who possess the skills needed to perform required work.
 3. Provides orientation to new employees. Identifies training needs and ensure that necessary job-related instruction is provided to all staff.

4. Discusses potential grievance-related concerns with employees in order to identify options or resolve issues prior to the formal filing of a grievance.
 5. Advises employees of established grievance procedures.
 6. Recommends or initiates disciplinary actions according to applicable rules and policies.
- VIII.** Maintains responsibility for personal professional continuing education to enable application of current professional practice. (Performed by all incumbents)
1. Participates in professional workshops, seminars, nutrition staff meetings and other in-services as scheduled. Summarizes relevant information received in the training sessions and shares with other staff either in verbal or written form.
 2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
 3. Maintains CPR certification and proficiency by renewing certification bi-annually.

AD-11: PATIENT FLOW ANALYSIS (PFA) SIGN IN

FORM I

A. OPTION I

Clinic _____ Date _____ Start Time _____

Patient Number	Name	Arrival Time
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

(See instructions for PFA in the Administration section of the Procedures Manual)

FORM II

OPTION I

Patient Flow Analysis (PFA) Form

Room #: _____ (If Applicable)
 Clinic: _____
 Patient #: _____
 Name: _____
 Date Sent: _____
 Reason for Visit: _____
 WIC Type: P _____ N _____ B _____ I _____ C _____
 Appointment Time: _____

	Time	Time Started	Time Finished	Staff Initials
Patient Arrived:	_____			_____
Initiate Worker:		_____	_____	_____
Clerk:		_____	_____	_____
Lab Worker:		_____	_____	_____
Nurse:		_____	_____	_____
Nutritionist:		_____	_____	_____
Clerk:		_____	_____	_____
Time Patient Left:	_____			_____
Total Time in Clinic:	_____			_____
FPC/Formula Type: (Optional)	_____			
Special Services Provided/Comments:	_____			

- Note: 1. A record of staff initials must be kept on file for audit purposes.
 2. Each applicant/participant must have her/his own PFA Form.

FORM III

OPTION I

Patient Flow Analysis: Employee Time Log

Name & Title of Employee _____

Work Hours (Serving Participant in the Clinic):

Clinical: _____

Administrative: _____

Clerical: _____

Work Hours (Serving Participant outside of Clinic, ie phone/appt/Dr. office):

Clinical: _____

Administrative: _____

Clerical: _____

Miscellaneous
(any other duties perform): _____

Lunch/ Break: _____

FORM IV

OPTION I

Questions to Answers for Option I

1. What was the length of time that a client waited from sign-in to first clinic staff contact?
2. What was the range of time for certification clients from sign-in to exit?
For clients scheduled for issuance?
3. Were there any clinic bottlenecks?
4. Are clients seen by order of appointment?
5. Are clients scheduled at a rate appropriate for services received and staff availability?
6. Are there down times for any staff?
7. Are the appropriate staff present for first morning appointments?
8. How many appointments were there? Number of no-shows?

B. OPTION II

FORM I

PATIENT FLOW ANALYSIS (PFA) SIGN IN

Clinic _____ Date _____ Start Time _____

Patient Number	Name	Arrival Time	Appt. Time
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

(See instructions for PFA in the Certification section of the Procedures Manual)

FORM II

OPTION II

PERSONNEL IDENTIFICATION CODES

CODES	NAME	OFFICIAL FUNCTION
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		
O		
P		
Q		
R		
S		
T		
U		
V		
W		

FORM III

OPTION II

REASON FOR VISIT CODES

<u>Code</u>	<u>Definition</u>
A.	Initial Certification
B.	Recertification (Subsequent)
C.	Incomplete Certification (i.e. - Client left without completing certification process)
D.	Reinstate
E.	Transfer
F.	Education (with or without vouchers)
G.	Special Formula or Formula Change
H.	Vouchers only (no nutritional education)
I.	Other (please specify)

FORM IV

OPTION II

PATIENT CATEGORY

- A. Pregnant Woman
- B. Postpartum Woman
- C. Breastfeeding Woman
- D. Infant
- E. Child
- F. Family (use only when a combination of family members receives WIC services)
- G. Other (specify)

FORM V

OPTION II

PATIENT REGISTER

Patient Number: _____
 (from sign-in sheet)
 Reason for Visit: _____
 Patient Category: _____
 Time of Arrival: _____
 (from sign-in sheet)
 Time of Clinic: _____
 Appointment _____

Patient Service Time

Contact #	Personnel ID Code	Start Time	End Time	Service Provided *
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

***Note: Service Provided** – If anything out of the ordinary occurs while serving the participant, please write in the Service Provided Column one of the items listed below that apply.

- | | | | | | |
|----------------------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| Computer Problems | <input type="checkbox"/> | Interpreter | <input type="checkbox"/> | Client Left Clinic | <input type="checkbox"/> |
| Food Package Change | <input type="checkbox"/> | Transfer | <input type="checkbox"/> | Address Change | <input type="checkbox"/> |
| Multiple Family (No. ____) | <input type="checkbox"/> | Need Re-cert | <input type="checkbox"/> | Immunization | <input type="checkbox"/> |
| Telephone Call | <input type="checkbox"/> | New WIC ID Card | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| Customer Complaint | <input type="checkbox"/> | Verification of ID | <input type="checkbox"/> | | |

FORM VI

OPTION II

Patient Flow Analysis: Employee Time Log

Name & Title of Employee _____

Work Hours (Serving Participant in the Clinic):

Clinical: _____

Administrative: _____

Clerical: _____

Work Hours (Serving Participant outside of Clinic, ie phone/appt/Dr. office):

Clinical: _____

Administrative: _____

Clerical: _____

Miscellaneous
(any other duties performed): _____

Lunch/ Break: _____

FORM VII

OPTION II

Questions to Answer from the Modified PFA

1. What was the length of time that a client waited from sign-in to first clinic staff contact?
2. What was the range of time for certification clients from sign-in to exit?
For clients scheduled for issuance?
3. Were there any clinic bottlenecks?
4. Are clients seen by order of appointment?
5. Are clients scheduled at a rate appropriate for services received and staff availability?
6. Are there down times for any staff?
7. Are the appropriate staff present for first morning appointments?
8. How many appointments were there? Number of no-shows?

INTER/INTRA AGENCY AGREEMENT

- **Use the Option that fits the District model**

OPTION I

**AD-12: INTER-AGENCY AGREEMENT
FOR
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)
SFY _____**

I. Introduction

This contract is between the _____ County Board of Health (hereinafter, "Lead County") and the _____ County Board of Health (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, as amended, for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Georgia (hereinafter, "Georgia WIC Program").

II. Purpose

This Contract is made pursuant to regulations of the United States Department of Agriculture, Food and Nutrition Services (USDA/FNS) at Title 7 of the Code of Federal Regulations, Subpart B, Section 6 and Subpart E, Section 13; Title 31, Chapter 3 of the Official Code of Georgia (§ 31-3-15); the Georgia WIC Program Procedures Manual; the Georgia WIC Program State Plan of operation; the Master Agreement and Annex 2; the Georgia WIC Program Plan for Local Agency Planning; the WIC Financial Management and Statewide Cost Allocation Plan; and all relevant administrative memos. The aforementioned documents are hereinafter incorporated into the Contract by reference.

Pursuant to this Contract, the Lead County agrees to distribute WIC Nutrition Services and Administration (hereinafter, "NSA") funds to the Non-Lead County based upon an assigned caseload target. To receive these funds, the Non-Lead County must perform the following functions to meet the Georgia WIC Program objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.

III. Lead County and Non-Lead County Obligations

Both the Lead County and the Non-Lead County agree to:

1. Adhere to the WIC Statewide Cost Allocation Plan.
2. Maintain complete and accurate records of WIC funds received and expended by employing Generally Accepted Accounting Principles (GAAP) and reconciling WIC expenditures to WIC revenue.
3. Make these records available for audit upon request of the Georgia WIC Program, the DPH Office of Audits, the DPH Office of Investigative Services and/or the USDA.

In case of an audit exception in performance, the Non-Lead County may be responsible for payment to the Georgia WIC Program from that County's non-participating funds.

IV. Lead County Obligations

The Lead County agrees to:

1. Provide \$_____ of NSA funding for the reimbursement of non-WIC paid staff for salary and fringe benefits only with an assigned caseload target of _____ to the Non-Lead County.
2. Disburse contracted NSA funds to the Non-Lead County in the first and second quarter of the State fiscal year, and amend the Contract using Attachment 1-A when and if additional NSA funds become available.
3. Reimburse non-WIC paid staff for all WIC approved per diem/travel.
4. Provide medical/supplies, office supplies, equipment, and any items required to perform service delivery to WIC clients.
5. Provide manuals, forms, and nutrition education materials required for WIC service delivery as specified in the Georgia WIC Program Procedures Manual and the Georgia WIC Program State Plan of Operation.
6. Monitor, evaluate, and provide technical assistance and training for the Non-Lead County agency staff regarding the delivery of WIC services on a routine basis and/or as requested.
7. Reimburse the Non-Lead County for approved Central Services Cost Allocation expenditures in County Health Departments using Attachment 1-B.

V. Non-Lead County Obligations

The Non-Lead County agrees to:

1. Accept \$_____ of NSA funding with an assigned WIC caseload target of _____ from the Lead County. The Non-Lead County further agrees to perform the following functions to meet Georgia WIC Program objectives: nutrition education, breastfeeding promotion and support, participant certification, caseload management, food delivery, screenings for and referrals to other social and medical service providers, and general WIC management.
2. Expend twenty-two percent (22%) of NSA funds toward nutrition education.
3. Expend nine percent (9%) of NSA funds toward breastfeeding education and promotion.
4. Accept an allocation adjustment if the total reported nutrition education and breastfeeding promotion and support expenditures are less than the required amount of expenditures. The State WIC office will reduce the following federal fiscal years' allocation by the difference.

5. Record all WIC transactions for non-WIC paid employees using the Personnel Activity Report System (hereinafter, "PARS"), which will be the official record for tracking nutrition education and breastfeeding education and promotion.
6. Submit a projected line item budget to Lead County within thirty (30) days of acceptance of this Contract and resubmit the Contract using Attachment 1-A when additional funds are allocated to the County.
7. Have appropriate staff adequately perform WIC responsibilities in accordance with WIC staffing and processing standards, certification requirements, WIC services integrity, and voucher accountability and security.
8. Collect client data for WIC participants for the purpose of monitoring WIC services performance and comply with all Federal and State requirements in the collection of WIC data and modify as appropriate or requested within a specified time.
9. Provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics and all records maintained by WIC clinics within the County.
10. Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to Title 7, Part 3016 of the Code of Federal Regulations; the debarment and suspension requirements of Title 7, Part 3017 of the Code of Federal Regulations, if applicable; the lobbying restrictions found in Title 7, Part 3018 of the Code of Federal Regulations; and, FNS guidelines and instructions.
11. Provide on a timely basis to the Georgia WIC Program all required information regarding fiscal and WIC services information.
12. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
13. Obtain prior approval from the Lead County for any Central Services Cost Allocation Plan, and adhere to the WIC Cost Allocation Guidelines using Attachment 1-B.
14. Prohibit smoking in the space used to perform WIC services during times of service delivery.
15. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of non-discrimination laws.
16. Make available all appropriate health services to WIC participants, whether directly or through referral services; inform WIC applicants and participants about these services; and provide nutrition educational services to WIC participants in compliance with WIC Federal regulations and FNS guidelines and instructions.

VI. Notice

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

LEAD COUNTY

Name: _____
Title: _____
Address: _____

NON-LEAD COUNTY

Name: _____
Title: _____
Address: _____

VII. Entire Agreement

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

VIII. Term and Termination

The Contract shall be effective for the ____ State Fiscal Year beginning on July 1st and ending on June 30th of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

IX. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

X. Confidentiality Requirements

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 CFR §246.26 (d), (h), and (i) concerning the use and disclosure of confidential WIC applicant and participant information.

XI. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT HEALTH DIRECTOR

Name
Title

Date

LEAD COUNTY

Name
Title

Date

NON-LEAD COUNTY

Name
Title

Date

Option 1-A

PLANNED BUDGET FOR SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

A. Personnel Services \$ _____

B. Central Cost Allocation Plan \$ _____

TOTAL COSTS: \$ _____

Prepared by:

Contractor Signature

Contractor Typed Name and Title

Date

Option 1-B

Central Cost Allocation Plan (643)
SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

Purpose: The purpose of this Central Cost Allocation Plan is to arrive at an equitable distribution of WIC common expenses reimbursable from the _____ County Board of Health (“Lead County”) to the _____ County Board of Health (“Non-Lead County”) based on square footage of floor space.

Shared Cost: This Central Cost Allocation Plan includes reimbursement for actual costs common to WIC.

Expenses: Expenses will be based on a percentage of the actual cost and will include the following:

Percentage of Common Space allotted to WIC (Identify Space): _____
Total square footage of building: _____

Common Costs:

- Utilities (% of actual cost based on utility bill)
- Cleaning/maintenance/supplies/paper products (% of actual cost)
- Annual Electric Record Room File Maintenance (%of actual cost)
- Toilet paper/paper towels (% of actual cost)
- A/C & Heating Repairs/Maintenance/Insurance (% of actual cost)
- Garbage (% of actual cost)
- Pest control (% of actual cost)
- Scale Calibration (% of actual cost)
- Telephone and Fax (per Phone bill)
- Use of Copy Machine/Supplies (% of actual cost)
- Medical Waste (% of actual cost)

Invoices must be submitted by the fifth day of the current month for expenses incurred during the previous month. Reimbursement is based on WIC funding and is not guaranteed if funding is not available.

Chair, Lead County Board of Health

Chair, Non-Lead County Board of Health

District Health Director

OPTION II

**INTER-AGENCY AGREEMENT
FOR
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)
SFY _____**

I. Introduction

This contract is between the _____ County Board of Health (hereinafter, "Lead County") and the _____ County Board of Health (hereinafter, "Non-Lead County") in accordance with the Child Nutrition Act of 1966, as amended, for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) in Georgia (hereinafter, "Georgia WIC Program").

II. Purpose

This Contract is made pursuant to regulations of the United States Department of Agriculture, Food and Nutrition Services (USDA/FNS) at Title 7 of the Code of Federal Regulations, Subpart B, Section 6 and Subpart E, Section 13; Title 31, Chapter 3 of the Official Code of Georgia (§ 31-3-15); the Georgia Department of Public Health (DPH) Policies and Procedures Manual, the Georgia WIC Program Procedures Manual; the Georgia WIC Program State Plan of operation, the Master Agreement and Annex 2; the Georgia WIC Program Plan for Local Agency Planning; the WIC Financial Management and Statewide Cost Allocation Plan; and, all relevant administrative memos. The aforementioned documents are hereinafter incorporated into the Contract by reference.

III. Lead County Obligations

The Lead County agrees to:

1. Provide \$_____ of Nutrition Services and Administration (hereinafter "NSA") funding for the payment of approved Central Services Costs incurred by the Non-Lead County upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.

[OR Manage the payment of approved Central Services for the Non-Lead County, including the procurement and payment of those services in adherence with the attached Central Services Cost Allocation plan.]

2. Maintain complete, accurate, documented and current accounting of all federal WIC funds received from the Department of Public Health that are provided to and expended by the Non-Lead County for each fiscal year NSA funds are provided for payment of approved Central Services Costs.

[OR Maintain complete, accurate, documented and current accounting of all WIC funds received from the Department of Public Health that are used to pay for approved Central Services Costs incurred by the Non-Lead County for the state fiscal year.]

IV. Non-Lead County Obligations

The Non-Lead County agrees to:

1. Accept \$_____ of NSA funding for the payment of approved Central Services Costs upon prior approval of any Central Services Cost Allocation Plan with adherence to the Statewide Cost Allocation Plan.

[OR Permit the Lead County to manage Central Services for the Non-Lead county, including the procurement and payment of those services in adherence with the attached Central Services Cost Allocation Plan.]

2. Provide accurate, current, and complete disclosure to the Lead County, upon request, of the financial status of NSA funds received and expended for the purposes outlined in this Contract each fiscal year.

[OR Provide accurate, current, and complete disclosure to the Lead County, upon request, documenting all approved Central Services Costs incurred during the fiscal year.]

3. Maintain records which adequately identify the source and use of funds expended for the purposes outlined in this Contract.
4. Provide the Lead County, the Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics within the County and their WIC records.
5. Comply with all the fiscal and operational requirements prescribed by the Georgia WIC Program pursuant to Title 7, Part 3016 of the Code of Federal Regulations; the debarment and suspension requirements found in Title 7, Part 3017 of the Code of Federal Regulations, if applicable; the lobbying restrictions found in Title 7, Part 3018 of the Code of Federal Regulations, and FNS guidelines and instructions.
6. Provide, upon request and on a timely basis, all required information regarding fiscal and WIC services information to the Georgia WIC Program.
7. Maintain on file and have available for review and audit all certification criteria used to determine WIC eligibility.
8. Prohibit smoking in the space used to perform WIC services during times of service delivery.
9. Comply with non-discrimination laws by not discriminating against persons on the grounds of race, color, national origin, age, sex or handicap, and compile data, maintain records, and submit reports as required to permit effective enforcement of non-discrimination laws.
10. Collect client data for WIC participants for the purpose of monitoring WIC services performance and comply with all Federal and State requirements in the collection of WIC data and modify as appropriate or requested within a specified time.

- 11. Make available all appropriate health services to WIC participants, whether directly or through referral services, and inform WIC applicants and participants about these services.

V. Notice

All notices under this Contract shall be deemed duly given upon delivery, if delivery by hand, or three (3) calendar days after posting, if sent by registered or certified mail, return receipt requested, to a party listed at the addresses below or otherwise designated by notice pursuant to this paragraph:

LEAD COUNTY

Name: _____
Title: _____
Address: _____

NON-LEAD COUNTY

Name: _____
Title: _____
Address: _____

VI. Entire Agreement

The Contract constitutes the entire agreement between the Lead County and Non-Lead County with respect to the subject matter hereof and supersedes all prior negotiations, representations, or contracts. No written or oral agreements, representations, statements, negotiations, understandings, or discussions that are not set out, referenced, or specifically incorporated in this Contract shall in any way be binding on or of effect between the Lead County and Non-Lead County.

Any section, subsection, paragraph, term, condition, provision, or other part of the Contract that is judged, held, found or declared to be voidable, void, invalid, illegal or otherwise not fully enforceable shall not affect any other part of the Contract, and the remainder of the Contract shall continue to be of full force and effect as set out herein.

VII. Term and Termination

The Contract shall be effective for the _____ State Fiscal Year beginning on July 1st and ending on June 30th of the given State Fiscal Year.

The Contract is binding on the Lead County and Non-Lead County, and its successors, transferees, and assignees, so long as the County receives assistance or retains possession of any assistance from the Georgia WIC Program. Either party, upon sixty (60) days' written notice, may terminate the Contract.

VIII. Amendment

No amendment, waiver, termination or discharge of this Contract, or any of the terms or provisions hereof, shall be binding upon either the Lead County or the Non-Lead County unless confirmed in writing. Nothing may be modified or amended, except in writing executed by both the Lead County and the Non-Lead County.

IX. Confidentiality Requirements

The Lead County and Non-Lead County shall not use any information obtained or viewed in performance of the Contract in any manner except as necessary for the proper discharge of their respective obligations under the Contract.

The Lead County and Non-Lead County shall adhere to the confidentiality provisions of the Federal WIC regulations found at 7 CFR §246.26 (d), (h), and (i) concerning the use and disclosure of confidential WIC applicant and participant information.

X. Signatures

IN WITNESS WHEREOF, the undersigned duly authorized officers or agents of each party affix their signatures on the day and year so indicated.

DISTRICT HEALTH DIRECTOR

Name
Title

Date

LEAD COUNTY

Name
Title

Date

NON-LEAD COUNTY

Name
Title

Date

Option II-A

PLANNED BUDGET FOR SFY _____

_____ **COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)**

A. Personnel Services \$ _____

B. Central Cost Allocation Plan \$ _____

TOTAL COSTS: \$ _____

Prepared by:

Contractor Signature

Contractor Typed Name and Title

Date

Option II-B

Central Cost Allocation Plan (643)
SFY _____

_____ COUNTY BOARD OF HEALTH
FOR
THE SPECIAL SUPPLEMENT NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN (WIC)

Purpose: The purpose of this Central Cost Allocation Plan is to arrive at an equitable distribution of WIC common expenses reimbursable from the _____ County Board of Health (“Lead County”) to the _____ County Board of Health (“Non-Lead County”) based on square footage of floor space.

Shared Cost: This Central Cost Allocation Plan includes reimbursement for actual costs common to WIC.

Expenses: Expenses will be based on a percentage of the actual cost and will include the following:

Percentage of Common Space allotted to WIC (Identify Space): _____
Total square footage of building: _____

Common Costs:

- Utilities (% of actual cost based on utility bill)
- Cleaning/maintenance/supplies/paper products (% of actual cost)
- Annual Electric Record Room File Maintenance (%of actual cost)
- Toilet paper/paper towels (% of actual cost)
- A/C & Heating Repairs/Maintenance/Insurance (% of actual cost)
- Garbage (% of actual cost)
- Pest control (% of actual cost)
- Scale Calibration (% of actual cost)
- Telephone and Fax (per Phone bill)
- Use of Copy Machine/Supplies (% of actual cost)
- Medical Waste (% of actual cost)

Invoices must be submitted by the fifth day of the current month for expenses incurred during the previous month. Reimbursement is based on WIC funding and is not guaranteed if funding is not available.

Chair, Lead County Board of Health

Chair, Non-Lead County Board of Health

District Health Director

AD-13: LOCAL AGENCY NSA FUNDING ALLOCATION

The current Nutrition Services Administration (NSA) funding formula allows growth Districts to receive their fair share of funding on the front-end. The combined caseload target is based on the current five (5) months participation closeout October-February and one month March (30 day) and the projected availability of federal food funds.

5. Caseload targets are assigned using two (2) factors.
 - i. Local agencies that meet or exceed caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a new target using the highest one-month participation.
 - ii. Local agencies that do not meet caseload targets using the current federal fiscal year five-month closeout and one month (30 day) will be assigned a six-month average caseload target.

PROGRAM PARTICIPATION

The definition of a participant is listed below:

Participant: Participants means pregnant women, breastfeeding women, postpartum women, infants and children who are receiving supplemental foods or food instruments under the program and the breastfed infants of participant breastfeeding women. A Participant is a client who has been issued at least one voucher during the reporting month. The exclusive breastfed infant is issued a voucher message but no formula is issued.

PARTICIPANT COST ADJUSTMENT

Participant Cost Adjustment will be allocated in the next federal fiscal year to the Local Agencies that exceeded their prior year assigned caseload. This allocation will be made based upon the availability of NSA funds and State Management discretion. The Participant Cost Adjustment funding formula is as follows:

- a. Number of participant that exceeded caseload.
- b. Prior Federal Fiscal year funding rate per participant or participant times funding rate times 12 months, equals Participant Cost Adjustment.

AD-14: LOCAL AGENCY APPLICATION
 FOR
 CONSIDERATION AS A PROVIDER
 OF
 SERVICES FOR THE
 SPECIAL SUPPLEMENTAL NUTRITIONAL PROGRAM
 FOR
 WOMEN, INFANTS AND CHILDREN (WIC)

Purpose

The purpose of this application is to provide information to the Georgia WIC Program regarding the applicant's desire, qualifications and capacity to deliver Georgia WIC Program services to eligible clients/patients. Upon review of the completed application, Georgia WIC Program staff will make an initial determination of the agencies suitability for participation in the program. Final determinations will be made pending decisions regarding coordination with existing service providers.

Initial approval will be based on the following factors:

1. The need for WIC services within the service area.
2. An estimate of the number of individuals to be served by the applicant.
3. The capacity of the agency to deliver quality services.
4. The availability of staff required meeting federal guidelines for WIC service providers.

AGENCY NAME _____

ADDRESS _____

CITY, STATE & ZIPCODE _____

TELEPHONE NUMBER _____

CONTACT PERSON _____

ALTERNATE # _____

NAME OF CEO _____

LOCAL AGENCY APPLICATION

Identify whether the agency is nonprofit, federally funded, Physician Sponsor Plan (PSP), HMO, clinic plan, local health department, private practice, community health center, etc.

TYPE OF AGENCY _____

AGENCY NAME _____

Describe your service area including geographic area (counties), demographics of the population served, and percent of patients on Medicaid:

Number of pregnant women served: _____

Number of hours for obstetric (OB) services: _____

Number of hours for pediatric services: _____

Number of hours for general services: _____

AGENCY STAFFING

Number of physicians by specialty: _____

Do you have a registered dietitian (RD) on staff? _____

Number of hours per week an RD is available: _____

Number of registered dietitians on staff: _____

LOCAL AGENCY APPLICATION

Number of Nutritionists with a B.S. in nutrition and/or Dietetic Technician
Registered: _____

Number of registered nurses (RN) on staff: _____

Number of staff to weigh and measure and perform hemoglobin
and hematocrits: _____

CLINIC/FACILITY CAPACITY

How many clinic locations do you operate? _____

List the name and location of each clinic to provide WIC services:

AGENCY NAME: _____

Describe the discussions with your county WIC agency regarding provision of WIC services by
your agency.

LOCAL AGENCY APPLICATION

PROPOSED WIC SERVICES AND ESTIMATE OF NEED FOR WIC SERVICES

WIC Program eligibility is prescribed in the Code of the Federal Register (CFR) Title 7 Part 246. To be eligible for participation in the Georgia WIC Program, clients/patients must meet income and categorical eligibility requirements. Eligible clients include Women, Infants and Children to age five (5) years who are at or below 185% of the federal poverty level and have a medical or nutritional risk. Residents and Migrants meeting these requirements can be offered program benefits.

How many WIC eligible clients reside in your service area? _____

Number of WIC eligible clients served by your agency/clinic: _____

Number of pregnant women currently being served: _____

Number of WIC clients you will serve in the first year: _____

Maximum number of persons you can/will serve after the first year: _____

What is the date and source of the information provided above (census data; actual count, etc.)?

SOURCE AGENCY: _____

LOCAL AGENCY APPLICATION

CLINIC/FACILITY CAPACITY

How much space do you plan to designate for WIC service delivery in each clinic location?

Can you perform required Laboratory procedures at each location?

Do you have equipment available to perform Anthropometric (weight, height/length and hematocrit/hemoglobin) Measurements?

What other health-related services do you provide at each clinic location?

LOCAL AGENCY APPLICATION

BUDGET ESTIMATE

Number of WIC clients you will serve in the first year. _____

First year costs of serving eligible WIC clients. _____

Monthly per client cost for year two and beyond. _____

Signature of Chief Executive Officer (CEO) or Contact Person

Date

For additional information, contact Samuel Sims at (404) 657-2900.

Please return completed form with documents required to:

Department of Public Health
Georgia WIC Program
Two Peachtree Street, Suite 10- 495
Atlanta, GA 30303-3182

Department of Public Health
Georgia WIC Program
Two Peachtree Street, NW
Atlanta, Georgia 30303

AD-15: Disqualification/Not Accepting an Application Form

Georgia WIC Program is **disqualifying / not accepting** an application from
(Circle One)

_____ for the following reason(s):
Local Agency Name

- 1. _____

- 2. _____

- 3. _____

- 4. _____

Georgia WIC Program Director

Date

AD-16: Participant Characteristic (PC) Report Minimum and Supplemental Data Sets

Required Minimum Data Set

X	State Agency ID	X	Nutritional Risk #10	X	Food Code #14
X	Local Agency ID	X	Hemoglobin	X	Food Package Type
X	Service Site ID	X	Hematocrit		
X	Case ID	X	Date of Blood Test		
X	Date of Birth	X	Weight in Pounds, Nearest Quarter Pound, or in Grams		
X	Race/Ethnicity	X	Height in Inches, Nearest Eighth of an Inch, or in Centimeters		
X	Certification Category	X	Date of Height and Weight Measure		
X	Expected Date of Delivery	X	Currently Breastfed		
X	Weeks Gestation	X	Ever Breastfed		
X	Date of Certification	X	Length of Breastfed		
X	Sex	X	Date of Breastfeeding Data Collected		
X	Risk Priority Code	X	Food Code #1		
X	Participation in TANF	X	Food Code #1		
X	Participation in SNAP	X	Food Code #2		
X	Participation in Medicaid	X	Food Code #3		
X	Migrant Status	X	Food Code #4		
X	Number in Family/Economic Unit	X	Food Code #5		
X	Family/Economic Unit Income	X	Food Code #6		
X	Income Period	X	Food Code #7		
X	Income Ranges	X	Food Code #8		
X	Nutritional Risk #1	X	Food Code #9		
X	Nutritional Risk #2	X	Food Code #10		
X	Nutritional Risk #3	X	Food Code #11		
X	Nutritional Risk #4	X	Food Code #12		
X	Nutritional Risk #5	X	Food Code #13		
X	Nutritional Risk #6				
X	Nutritional Risk #7				
X	Nutritional Risk #8				
X	Nutritional Risk #9				

Supplemental Data Set

X	Date of First Certification				
X	Education Level				
X	Number in Household in WIC				
X	Date Previous Pregnancy Ended				
X	Total Number of Pregnancies				
X	Total Number of Live Births				
X	Prepregnancy Weight in Pounds, Nearest Quarter Pound, or in Grams				
X	Participants Weight Gain in Pounds, Nearest Quarter Pound, or in Grams				
X	Baby's Birth Weight in Pounds, Ounces, or Grams				
X	Baby's Birth Length in Inches, Nearest Eighth of an Inch, or Centimeters				
X	Participation in the Food Distribution on Indian Reservation Program				

AD-17: **GEORGIA WIC PROGRAM CLINIC LISTING (INSTRUCTIONS)**

Instructions
Georgia WIC Clinic Listing

The “*Georgia WIC Clinic Listing*” website is a place for WIC Districts to review and update their clinic information. It will also serve as a resource for clients and WIC staff to use when they need to locate clinics, clinic hours, and contact information.

General Information for the clinic listing website:

- If clinic users have trouble using the website, they can contact Astride Ainsley at 404-232-1214 for assistance.

1. Create a New Account

- New users to the system must first send their User Name (same as their Novell login), First Name, Last Name, District Unit, Email Address, and Phone Number via email to Astride Ainsley: Astride.Ainsley@dph.ga.gov.
- To change a password, log into the system and click the **My Account** tab. After re-entering the password, click the button.

2. Logging On

- Start up the web browser and type <https://sendss.state.ga.us/sendss!/WICClinic.login> in the address box.
- Press **Enter** or click the **Go** button. The Log In screen (Figure 1) will be displayed.
- Enter the individual user name and password which has been previously provided by the State WIC Office.
- If you forgot the password, click on the [Forgot Password?](#) link. The **Forgot Password** screen (Figure 2) will display, enter your user id or email address, and click on the button. You will receive your user id and password via email.



Figure 1: Log on Screen



Figure 2: Forgot Password Screen

Click on the button to open the Search Criteria Screen (Figure 3).

Figure 3: Search Criteria Screen

3. To EDIT Existing Clinic Record:

- Click on the tab to open the **Search Criteria** screen (Figure 3).
- Use this screen to search for clinics that you would like to review and update, and click the button to retrieve results (Figure 4).

	DISTRICT	COUNTY	CLI#	CLINIC NAME	PHONE	STREET ADDRESS	CITY	ZIP	LOCATION TYPE
<input type="button" value="Edit"/>	Waycross	Appling	001	Appling County Health Department	(912) 357-4601	34 Walnut Street	Baxley	31515	Health Department
<input type="button" value="Edit"/>	Waycross	Atkinson	002	Atkinson County Health Department	(855) 473-4374	461 Albany Avenue, East	Pearson	31642	Health Department
<input type="button" value="Edit"/>	Waycross	Bacon	003	Bacon County Health Department	(912) 632-4712	101 N. Wayne Street	Alma	31510	Health Department
<input type="button" value="Edit"/>	Waycross	Brantley	013	Brantley County Health Department	(912) 462-5165	173 Florida Avenue	Nahunta	31553	Health Department
<input type="button" value="Edit"/>	Waycross	Bulloch	016	Bulloch County Health Department	(855) 473-4374	1 West Altman Street	Statesboro	30456	Health Department
<input type="button" value="Edit"/>	Waycross	Candler	021	Candler County Health Department	(912) 885-5765	428 North Roundtree Street	Metter	30439	Health Department
<input type="button" value="Edit"/>	Waycross	Charlton	024	Charlton County Health Department	(855) 473-4374	2587 N. 3rd Street	Folkston	31537	Health Department
<input type="button" value="Edit"/>	Waycross	Clinch	032	Clinch County Health Department	(855) 473-4374	285 Sweet Street	Homerville	31634	Health Department
<input type="button" value="Edit"/>	Waycross	Coffee	034	Coffee County Health Department	(855) 473-4374	1111 W. Baker Highway	Douglas	31533	Health Department
<input type="button" value="Edit"/>	Waycross	Evans	054	Evans County Health Department	(912) 739-2068	4 North Newton Street	Claxton	30417	Health Department
<input type="button" value="Edit"/>	Waycross	Jeff Davis	060	Jeff Davis County Health Department	(912) 375-2425	30 E. Sycamore Street	Hazlehurst	31539	Health Department

Figure 4: Search Results Sample Screen

- From the list of existing clinics locate the clinic that you wish to edit and click on [Edit](#) in the first column (Figure 4).
- The **Add New Clinic** screen will open (Figure 5). Review and make your changes, and then click the button on the bottom of the **Add New Clinic** screen (Figure 5).
- Click the button to end your session.

Figure 5: Section Sample Screen

AD-18: REQUEST FORM FOR A NEW FACILITY

NOTE: When a District requests space in a new facility, the following form will be used to determine approval of the space by the State WIC Office.


	Comments	Satisfactory	Unsatisfactory
1. Building a. Hours of building operations b. Level of security c. Number of Entrances d. Building Management			
2. Parking a. Staff b. Clients c. Availability of free client parking			
3. Proximity a. Public Transportation			
4. Space a. Training room b. Staff c. Interview and Evaluation d. Waiting Area(s) e. Breastfeeding room f. Conference rooms g. Meeting rooms h. Location within building i. Possibility to expand square footage initially under lease j. Any non-removable glass doors, walls and partitions k. Noise level of building and WIC space			
5. Storage a. Closets b. Cupboards			
6. Safety features: a. "Exit" Signs b. Water Sprinklers c. Fire Alarms d. Smoke Alarms e. Fire Extinguishers f. Power Surge Protectors			
7. Air Conditioner and Heating			
8. Lighting a. Electrical outlets b. Cable TV outlets c. Computer Cable outlets d. WIFI			
9. Condition of Building			

REQUEST FORM FOR A NEW FACILITY

	Comments	Satisfactory	Unsatisfactory
10. Flooring a. Carpet b. Tile			
11. Elevators a. Escalators b. Stairs			
12. ADA Complaint a. Building entrance b. WIC space c. Bathroom d. Counters			
13. Plumbing a. Sinks b. Waste disposal			
14. Drinking fountains			
15. Janitorial Services			
16. Amenities a. Nearby shops b. Pharmacies c. Food stores d. Food establishments			
17. Mail a. Chute b. Mail c. FedEx d. UPS drops			
18. Lease a. Duration b. Renewability c. Cost per square footage d. Reconfiguration cost per square foot			
19. Landlord and Tenants a. Tenants with who WIC would have conflict of interest b. Landlords acceptance of WIC clients and nature of WIC services c. Acceptance of WIC clients and services by other tenants			
20. Presence and/or proximity of other government agencies and services			
21. Comfort level to WIC clients a. Similarity of other building tenants and guests			

AD-19: Release of Information Form

Georgia Department of Human Resources



<p>Name of Individual _____</p> <p>Name of Individual _____</p> <p>IF AVAILABLE</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;">ID Number Used by Requesting Agency _____</td> <td style="width: 50%; padding-left: 5px;">ID Number Used by Releasing Agency _____</td> </tr> </table>	ID Number Used by Requesting Agency _____	ID Number Used by Releasing Agency _____	<p>_____</p> <p>_____</p>
ID Number Used by Requesting Agency _____	ID Number Used by Releasing Agency _____		

I hereby request and authorize: _____
 (Name of Agency Holding Information)

_____ (Address)

to provide to: _____
 (Name of Agency Requesting Information)

_____ (Address)

The following types(s) of information from my records (and specific portions thereof):

for the purpose of: _____

I understand that the federal Privacy Rule ("HIPAA") does not protect the privacy of information if re-disclosed, and therefore request that all information obtained from this person or agency be held strictly confidential and not be further released by the recipient. I further understand that my eligibility for benefits, treatment or payment is not conditioned upon my provision of this authorization. I intend this document to be a valid authorization conforming to all requirements of the Privacy Rule and understand that my authorization will remain in effect for. (PLEASE CHECK ONE)

ninety (90) days unless I specify an earlier expiration date here: _____ (Date)

one (1) year.

the period necessary to complete all transactions on matters related to services provided to me. *I understand that unless otherwise limited by state or federal regulation, and except to the extent that action has been taken based upon it, I may withdraw this authorization at any time.*

_____ (Signature of Witness)	_____ (Date)	_____ (Signature of Individual)	_____ (Date)
_____ (Title or Relationship to Individual(s))		_____ (Signature of Individual)	_____ (Date)

USE THIS SPACE ONLY IF AUTHORIZATION IS WITHDRAWN

_____ (Signature of Individual)	_____ (Date this Authorization is Revoked)
_____ (Signature of Individual)	_____ (Date this Authorization is Revoked)

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AD-20 DPH Procurement Services Policy PR 11001



GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # PR-11001
PROCUREMENT SERVICES
POLICY AND PROCEDURE

Approval:	<i>Janie Brodnax</i>	<i>7/16/2013</i>
	Janie Brodnax, Chief Operations Officer	Date
	<i>James C. Howgate</i>	<i>8/1/13</i>
	James C. Howgate, Chief of Staff	Date

1.0 PURPOSE

This policy contains guidelines for the purchase of commodities and contractual services as required to support the duties and responsibilities of the Department of Public Health. This policy directs the continued development of centralized procurement policies and practices.

1.1 **AUTHORITY** – The Georgia Department of Public Health (DPH) Procurement Services Policy is published under the authority of DPH and in compliance with the following:

1.1.1 Official Code of Georgia Annotated (OCGA), Sections:

- §50-5-1, State Purchasing Act
- §50-5-3, State Purchasing
- §50-5-50 through §50-5-81, General Authority, Duties, and Procedures
- §13-1-1 through §13-1-10, Contract defined
- §13-10-91, Verification of New Employee Eligibility
- <http://www.lexisnexis.com/hottopics/qacode/Default.asp>

1.1.2 State Accounting Office (SAO), Accounting Policy and Accounting Procedures Manuals

- http://sao.georgia.gov/00/channel_createdate/0,2095,39779022_141768085,00.html
- http://sao.georgia.gov/00/channel_createdate/0,2095,39779022_138756593,00.html

1.1.3 Georgia Records Act. (O.C.G.A.) §50-18-90 et seq.

- http://sos.georgia.gov/archives/who_are_we/rims/best_practices_resources/georgia_records_act.htm
- http://sos.georgia.gov/archives/pdf/state_spec_reports/2011StateGovernmentSchedules.pdf

1.1.4 Georgia Open Records Act. (O.C.G.A.) §50-18-70 through §50-18-77 et seq.

- http://sos.georgia.gov/archives/who_are_we/rims/best_practices_resources/open_records_act.htm

1.1.5 Code of Federal Regulations (CFR), 45 CFR 92.36, Procurement

- <http://frwebgate.access.gpo.gov/cgi-bin/get-cfr.cgi>

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- 1.1.6 Federal Acquisition Regulation (FAR), Subpart 4.11
<http://www.acquisition.gov/>
- 1.1.7 Federal Acquisition Regulation (FAR), Subpart 9.4
<http://www.acquisition.gov/>
- 1.1.8 Health and Human Services Acquisition Regulation (HHSAR), Policy On Promoting Efficient Spending, Attachment 2, Sections 2.4, 2.5
http://www.hhs.gov/asfr/ogapa/acquisition/appfundspol_att2.html
- 1.1.9 Code of Federal Regulations (CFR) 2 CFR 176 American Recovery and Reinvestment Act (ARRA) of 2009, Buy American Provisions, Section 1605
http://ecfr.gpoaccess.gov/cgi/t/text/textidx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr176_main_02.tpl
- 1.1.10 19 United States Code (USC) Chapter 12, Trade Act of 1974
<http://uscode.house.gov/download/pls/19C12.txt>
- 1.1.11 Official Code of Georgia Annotated (O.C.G.A.) §Section 45-10-1, State Employee Code of Ethics and Conflicts of Interest
<http://ethics.ga.gov/wp-content/uploads/2011/05/Codes-of-Ethics-2011.pdf>
- 1.1.12 Georgia Department of Administrative Services (DOAS), State Purchasing Division, Georgia Procurement Manual
http://pur.doas.ga.gov/gpm/MyWebHelp/GPM_Main_File.htm
- 1.1.13 Georgia Department of Public Health Purchasing Card Policy, PR-11002
<http://health.state.ga.us/phil/dph/docs/Policies%20and%20Procedures/Procurement/PR-11002%20Purchasing%20Card%20Policy.PDF>
- 1.1.14 Georgia Department of Public Health Alien Residency Verification Policy, GC-09008
<http://health.state.ga.us/phil/dph/docs/Policies%20and%20Procedures/Legal/Policy%20GC-09008%20Alien%20Residency%20Verification.PDF>

2.0 SCOPE

This policy applies to all of the Department of Public Health.

3.0 POLICY

- 3.1 All commodities, contractual services and construction related projects will be procured by the Department in accordance with Georgia Code, Georgia State Finance Investment Commission (GSFIC) standards, Department of Administrative Services (DOAS) Guidelines, Department Policy, requirements of the Americans with Disabilities Act (ADA), and in compliance with applicable Federal laws and promulgated rules.

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- 3.2 All purchases made by the Department shall be based on ethical, fair, and competitive procurement practices. These purchases should be made with as much diversity in vendor selection as possible.
- 3.3 DPH employees are prohibited from making unauthorized commitments for the procurement of goods and/or services. A purchase order must be issued before any authorization is given to ship, receive, or pay for any commitments relative to the purchase of commodities and services transacted between the department and a vendor. Authorized Purchasing Card (P-Card) activity is exempted from this requirement (see Order of Precedence).
- 3.4 There should be a separation of duties relating to the request, authorization, inspection or approval of commodities, contractual services, or construction and the receipt and approval of invoices to the extent possible.

3.5 ACCOUNTABILITY

- 3.5.1 Designated Procurement Officers - The DOAS Commissioner may delegate authority to a designee or to any state entity or official as permitted by the State Purchasing Act. Each state entity is required to identify a qualified individual to serve as its official agency procurement officer.
- 3.5.2 Small, Minority, and Disadvantaged Businesses - It is the policy of the state of Georgia that small, minority, and disadvantaged businesses have a fair and equal opportunity to participate in the state purchasing process. The DOAS State Purchasing Division's (SPD) Supplier and Customer Relations unit works with state entities to provide the small, minority, and disadvantaged business communities with access to information and bid opportunities.
- 3.5.3 Ethical and Professional Conduct – All DPH employees should strive to uphold the principles and rules outlined in this policy to promote efficient and ethical procurement practices.
- 3.5.4 State Code of Ethics - The Department of Public Health (DPH) subscribes to the State's Code of Ethics for Governmental Service and the State of Georgia Procurement Code of Ethics. Among the provisions relevant to the relationship between state staff and suppliers are the following;

Uphold the Constitution, laws and regulations of the United States and the state of Georgia, and of all governments therein and should never be a party to their evasion; Never discriminate unfairly by dispensing special favors or privileges to anyone, whether for remuneration or not; and never accept for themselves or their families favors or benefits under circumstances which might be construed by responsible persons as influencing the performance of their governmental duties; Make no private promises of any kind binding upon the duties of office, since a government

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employee has no private work which can be binding on public duty; Engage in no business with the government either directly or indirectly which is inconsistent with the conscientious performance of their governmental duties; Never use any information divulged to them confidentially in the performance of governmental duties as a means for making private profit; and Expose corruption whenever discovered.

- 3.5.5 Avoiding Conflicts of Interest - All DPH employees or agents should avoid any actions, relationships, or business transactions that conflict with the lawful interests of the employer or otherwise create conflicts of interests that taint the procurement process and the reputation of the state entity and the state of Georgia. All employees must comply with the employer’s guidelines with respect to reporting outside employment.
- 3.5.6 The Department of Public Health strictly prohibits the award of agency contracts to current employees. Contracts may not be awarded to former employees within twelve months of their DPH separation date unless approved in advance by the Commissioner as provided in Paragraph 6.2.2.3 of the DPH Code of Ethics and Conflict of Interest Policy #GC-09001.
- 3.5.7 Accepting Gifts or Other Benefits from Suppliers – DPH employees or agents must not, at any time or under any circumstances, accept directly or indirectly, gifts, gratuities, or other things of value from suppliers which might influence or appear to influence purchasing decisions. The procurement professional must comply with the Department Ethics Policy and be mindful of the Governor’s Executive Order with respect to the receipt of personal gifts, favors or gratuities. The procurement professional should also be mindful of any other applicable standards or restrictions, such as policy or directives accompanying the receipt or use of grant funds.

4.0 DEFINITIONS

- 4.1 Agency** – Department of Public Health (DPH)
- 4.2 APO – Agency Procurement Officer** – qualified individual designated by the Agency head to serve as its official agency procurement officer.
- 4.3 ADA – Americans With Disabilities Act** – a 1990, Public Law which established a clear and comprehensive prohibition of discrimination on the basis of disability. Title II, Public Services requires all public entities to comply with the requirements of ADA.
- 4.4 BO** – Business Owner
- 4.5 Breach of Contract** – failure to fulfill a contract, wholly or in part, without legal excuse.

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- 4.6 Bribery** – An individual who gives to any person acting for or on behalf of the state of Georgia or any state entity any benefit, reward, or consideration to which he is not entitled with the purpose of influencing them in the performance of any act related to the functions of his office or employment shall be guilty of bribery. An agent of the state of Georgia may be guilty of bribery if he solicits or receives such benefit, reward or consideration, O.C.G.A., §16-10-2.
- 4.7 CAR** – Contract Action Request
- 4.8 Change Order** – the purchaser’s document used to amend a purchase transaction previously formalized by a purchase order.
- 4.9 Collusion** – Conspiracy in restraint of free and open competition in transactions with the state of Georgia is prohibited by Georgia law (O.C.G.A.), §16-10-22.
- 4.10 Commodity** – any of the various supplies, materials, goods, merchandise, equipment, printing, or other personal property which is purchased.
- 4.11 Commodity Number/NIGP Code** – a standardized code assigned to products or services based on their commodity types. Commodity codes provide a standardized format for the identification and classification of commonly produced goods and services. The use of these commodity codes produces valuable data which allows state purchasing officials to better analyze procurement trends which leads to more effective development and negotiation of term contracts.
- 4.12 Competitive Negotiation** – a method for acquiring goods, services, and construction for public use in which discussions or negotiations may be conducted with responsible offerors who submit proposals in the competitive range.
- 4.13 Competitive Sealed Bids or Competitive Sealed Proposals** – refers to the receipt of two or more sealed bids or proposals submitted by responsive and qualified bidders or offerors.
- 4.14 Contract** – a deliberate agreement between two or more competent persons to perform or not to perform a specific act or acts. A contract may be verbal or written. A purchase order, when accepted by a vendor, becomes a contract. Acceptance may be either in writing or be performance, unless the purchase order requires acceptance thereof to be in writing, in which case it must be thus accepted. A unilateral contract is one where only one party promises performance, the performance being in exchange for an act by the other. A bilateral contract is one where both parties promise, each promise being given in exchange for the other.
- 4.15 Contractor** – the party or parties to a contract that performs work or furnishes materials in accordance with a contract.

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- 4.16 Contractual Service** – the rendering by a contractor of its time and effort rather than the furnishing of specific commodities. The term applies only to those services rendered by individuals and firms who are independent contractors. Such services may include, but are not limited to, evaluations; consultations; maintenance; accounting; security; management systems; management consulting; educational training programs; research and development studies or reports on the findings of consultants engaged there under; and professional, technical and social services.
- 4.17 Debarred and Suspended Contractors/Vendors** – suppliers who are currently suspended and/or debarred from use by the State of Georgia or who are listed on the “Federal Excluded from Procurement” list.
- 4.18 Department** – as used herein is the Department of Public Health (DPH), the entirety of the organizational units, and an Agency of the State of Georgia.
- 4.19 Division** – any one of the formally designated operational units labeled as such within the organizational structure of the Department of Public Health (DPH). Current Divisions consist of the Division of Communications, Division of Finance, Division of Operations, Division of Inspector General, Division of Health Protection, Division of Health Promotion, Division of General Counsel, Division of Information Technology, and Division of District and County Operations.
- 4.20 DOAS** – Georgia Department of Administrative Services
- 4.21 DOAS Statewide Contracts** – a written agreement which the Department of Administrative Services State Purchasing negotiates with a vendor to furnish agencies items at a predetermined price. The agreement involves a minimum number of units, provides for orders to be placed directly with the vendor by the purchasing agency and is established for a set period of time.
- 4.22 DPA** – Delegated Purchasing Authority, the State Purchasing Division delegates purchasing authority to state entities so that they can make purchases on their own behalf. The Delegated Purchasing Authority for the Department of Public Health is \$1,000,000.
- 4.23 DPH** – Georgia Department of Public Health
- 4.24 Emergency Purchase** – a purchase necessitated by a sudden unexpected turn of events (e.g., acts of God, riot, fires, floods, accidents or any circumstances or cause beyond the control of the agency in the normal conduct of its business) where an immediate danger to the public health, safety or welfare or substantial loss to the State requires emergency action.
- 4.25 eRequisition** – TGM PeopleSoft electronic requisition

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- 4.26 Fraud** - an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit or financial gain to him/herself or some other person. It includes any act that constitutes Fraud under applicable federal or state law.
- 4.27 GBA** – Georgia Building Authority
- 4.28 GPM – Georgia Procurement Manual** – the purpose of the Georgia Procurement Manual is to publish administrative rules issued by the Department of Administrative Services (DOAS) through its State Purchasing Division.
- 4.29 GTA** – Georgia Technology Authority
- 4.30 Health Care** - Health Care means care, services, or supplies related to the health of an individual. Health Care includes, but is not limited to, the following: (i) Preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to the physical or mental Condition, or functional status, of an individual or that affects the structure or function of the body; and (ii) Sale or dispensing of a drug, device, equipment, or other item in accordance with a prescription.
- 4.31 HIPAA** - Health Insurance Portability and Accountability Act of 1996. A federal law that includes requirements to protect patient privacy, protect security, and data integrity of electronic medical records, to prescribe methods and formats for exchange of electronic medical information, and to uniformly identify providers and participating hospitals.
- 4.32 ITR – Information Technology Resources** – data processing, hardware, software, services, supplies, personnel, facility resources, maintenance and training.
- 4.33 ITB – Invitation to Bid** – a written solicitation for competitive sealed bids specifically defining the commodity, group of commodities, or contractual services for which bids are sought. The invitation to bid is used when the agency is capable of specifically defining the scope of work for which a contractual service is required or when the agency is capable of establishing precise specifications defining the actual commodity or group of commodities required. The title, date and hour of the public bid opening must be specified in the solicitation.
- 4.34 Minority Owned Business** – a business that is owned and controlled by one or more members of a minority race; or a partnership of which at least 51 percent (majority interest) is owned and controlled by one or more members of a minority race; or a public corporation of which at least 51 percent of all of the common stock is owned by one or more members of a minority race. The Minority Owned Business must be authorized to do business under the laws of the state of Georgia, domiciled within the state, and must pay all duly assessed taxes.

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- 4.35 **NOA – Notice of Award** – the state entity’s official announcement of actual contract award to the identified supplier(s).
- 4.36 **NOIA – Notice of Intent to Award** – agency notice of intent to declare award of a winning bid to a particular vendor based on solicitation results.
- 4.37 **Performance Bond** – a bond executed in connection with a contract and which secures the performance and fulfillment of all undertakings, covenants, terms, conditions, and agreements contained in the contract.
- 4.38 **Procurement** – buying, purchasing, renting, leasing, or otherwise acquiring any supplies, services or construction. It also includes all functions that pertain to the obtaining of any supply, service, or construction, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
- 4.39 **Proposal** – is a complete, properly signed response to a solicitation (usually to a RFP), that if accepted, would bind the proposer to perform the resultant contract.
- 4.40 **Protest** – a written objective by an interested party to an RFQ or RFP solicitation, or to a proposed award or award of a contract, with the intention of receiving a remedial result.
- 4.41 **PO – Purchase Order** – an agency’s document to formalize a purchase transaction with a vendor. The purchase orders are numbered consecutively and contain statements regarding the quantity, description, and price of goods and services ordered; applicable terms as to payment, discount, date of performance, and transportation; and other factors or suitable references pertinent to the purchase such as bid number or contract number and should be signed by the authorized purchasing designee.
- 4.42 **Purchase Requisition** – a formal written request to procure commodities or services on behalf of a program area or section within the agency. Requisitions are created through the Team Georgia Marketplace (TGM) and routinely reflect a total requested purchase amount under \$25,000.
- 4.43 **P-Card – Purchasing Card** – a State of Georgia tax exempt credit card issued to state employees for use in purchasing directly from merchants.
- 4.44 **Qualified Bidder** – a person who has the capability in all respects to perform fully the contract and/or bid requirements and has the integrity and reliability which will assure good faith performance.
- 4.45 **Quotation** – a statement of price, terms of sale, and description of goods or services offered by a vendor to a prospective purchaser; a bid. When given in response to an inquiry, is usually considered an offer to sell. Quotation may also be defined as the stating of the current price of a commodity.

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- 4.46 RFP – Request for Proposal** – a written solicitation for competitive sealed proposals with the title, date, and hour of the public opening designated. The request for proposals is used when the agency is incapable of specifically defining the scope of work for which the commodity, group of commodities or contractual services is required and when the agency is requesting that a qualified offeror propose a commodity, group of commodities or contractual service to meet the specifications of the solicitation document. A request for proposal includes, but is not limited to, general information, applicable laws and rules, functional or general specifications, statement of work, proposal instructions, and evaluation criteria. Requests for proposals will state the relative importance of price and any other evaluation criteria.
- 4.47 RFQC – Request for Qualified Contractors** – a prequalification process for suppliers.
- 4.48 RFQ – Request for Quotation** – a request for quotation (RFQ) is a document that an organization submits to one or more potential suppliers eliciting quotations for a product or service.
- 4.49 Responsive Bidder/Offeror** – a supplier, whether a company or individual who has submitted a timely offer which materially conforms to the requirements and specifications of the solicitation.
- 4.50 Responsible Bidder/Offeror** – a supplier, whether a company or an individual, who has appropriate legal authority to do business in the state of Georgia, a satisfactory record of integrity, appropriate financial, organizational and operational capacity and controls, and acceptable performance on previous governmental and/or private contracts, if any.
- 4.51 SAO** – State Accounting Office, State of Georgia
- 4.52 Scope of Work** – a description of work to be performed to meet the demand of the Department. The scope may include a qualitative or quantitative description of all required equipment, supplies, materials, and/or software to be furnished. The statement should also specify functions to be performed by the Division and all other parties bound under the contract.
- 4.53 Small Business** – defined as a business with less than three hundred (300) employees, and less than thirty (30) million dollars annually in gross receipts.
- 4.54 Sole Source Purchase** – an item or service supplied by only one vendor and which cannot be purchased from any other source.
- 4.55 Sole Brand Purchase** – a competitive solicitation which includes specifications restricting offered goods to a specific manufacturer or owner's brand.

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- 4.56 Solicitation** – as applicable, an Invitation to Bid (ITB), Request for Proposal (RFP), Request for Qualifications (RFQ), or a Request for Quotation (RFQ)
- 4.57 SPD** - State Purchasing Division – Georgia Department of Administrative Services Division providing oversight to the State Purchasing Act.
- 4.58 Supplier** – the individual, proprietorship, partnership, corporation, venture, or joint venture providing goods or services to the Department.
- 4.59 Term Contract** – an indefinite quantity contract wherein a party agrees to furnish commodities or contractual services during a prescribed period of time, the expiration of which concludes the contract.
- 4.60 TGM** – Team Georgia Marketplace.
- 4.61 Vendor** – one who sells something; a seller.
- 4.62 Vendor Prompt Payment** – by Executive Order, 12/21/10 – order stating that it is the goal of the State of Georgia to consistently pay its vendors in a prompt and efficient manner for goods and services provided to the state.

5.0 RESPONSIBILITIES

- 5.1** DPH, Division of Operations, Procurement Services Section, Purchasing Office (DPH Purchasing), is responsible for encumbering non-competitive requests for goods/services and providing a copy of the purchase order to the Business Owner (BO), Budget Section, and vendor as required.
- 5.2** DPH Division of Operations, Procurement Services Section, Procurement Office (DPH Procurement), is responsible for handling solicitations and approving Sole Source/Sole Source Brand or exempt contracts.
- 5.3** DPH Purchasing, is responsible for encumbering the funds for all contracts and providing an electronic copy via email of the purchase order to Contracts, Budgets, the Business Owner (BO), and Contracts Payable Office.
- 5.4** DPH Purchasing, is responsible for ensuring that all equipment \$1,000 or greater in value, as well as desktop CPUs and laptop/notebook/tablet computers, regardless of cost, are encumbered as assets.
- 5.5** DPH Procurement, is responsible for obtaining goods and services in a competitive manner, abiding by all state, federal and department regulations, and obtaining the best product (services or goods) for the cost.
- 5.6** DPH Division of Operations, Procurement Services Section, Contracts Office (Contracts), is responsible for creating contract documents and obtaining approvals.

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6.0 PROCEDURES

ORDER OF PRECEDENCE

6.1 When purchasing a product or service, the buyer should adhere to the following order of precedence:

- 6.1.1 Mandatory Statewide Contracts (a mandatory source contract set-up by the SPD to consolidate volume purchases for goods and services)
- 6.1.2 State Entity Contracts (i.e. an existing contract between the State entity, college/university and a supplier)
- 6.1.3 Georgia Correctional Industries (GCI) or Georgia Enterprises for Products and Services (GEPS) for products designated as mandatory (not applicable to preferred products)
- 6.1.4 Convenience Statewide Contracts, "preferred products" available through GEPS, or Open Market Purchases

Note: Notwithstanding the fact that the needed products or services may be fulfilled by an existing statewide contract, the buyer may, if desired, procure the needed products and services through an intergovernmental agreement with GCI, Georgia Industries for the Blind, or any other governmental entity. Intergovernmental agreements do not require approval from State Purchasing Division or competitive bidding and are not subject to dollar limits. The use of the P-Card in TGM must follow the VISA purchasing card policy and guidelines set forth in the GPM and the DPH Purchasing Card Policy, PR-11002. When applicable, the P-Card holder should not exceed \$2,500 on any single transaction or a card holder's credit limit of \$10,000. The P-Card is recommended and should be used for payment on all contracts, exempt items and Point of Sale or in emergency situations per GPM.

6.2 STATE PURCHASING ACT – EXEMPTIONS AND EXCEPTIONS

Georgia Procurement Manual (GPM) 1.2.3.1 - Note: The fact that a purchase may be exempt from the State Purchasing Act is not a representation that no other laws apply or that the purchase may not need to be competitively bid.

6.2.1 Governmental Exempt Contracts

GPM 1.2.2.1 – Intergovernmental Agreements - The Georgia Constitution authorizes state entities to enter into an intergovernmental agreement if the items to be acquired are available from that source. An intergovernmental agreement is a contract between two or more government entities.

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Permissible government entities include state and local (county, city, etc.) government entities within the state of Georgia as well as other states of the United States of America. Intergovernmental agreements do not require approval from SPD or competitive bidding and are not subject to dollar limits.

Note: To be considered exempt from the competitive bidding requirements of the State Purchasing Act, the good or service must be materially provided by the other governmental entity and not passed through the governmental entity by a private third party.

6.2.2 Professional Services

GPM 1.2.3.1 – Professional Services, which are limited to those services defined by statute as a "profession" or "professional service". For example, the following services are statutorily defined as "professions" or "professional services": certified public accountancy, actuarial services, architecture, landscape architecture, interior design, licensed or accredited appraisers or licensed or accredited financial analysts providing opinions of value, chiropractic, dentistry, professional engineering, podiatry, pharmacy, veterinary medicine, registered professional nursing, harbor piloting, land surveying, law, psychology, medicine and surgery, optometry, and osteopathy.

6.2.3 Exempt Goods/Services by NIGP Code

GPM 1.2.4 - As an additional resource to state entities, SPD has established a list of goods/services by NIGP™ Code which are either exempt from the State Purchasing Act or represent goods for which SPD has waived the competitive bidding requirements. This list is available on SPD's website or through the link provided below. SPD may update this list from time to time by posting a new version of the list.

http://doas.ga.gov/StateLocal/SPD/Docs_SPD_General/nigpexemptlist.pdf

6.2.4 Emergency Purchases

GPM 1.3.5 – In accordance with O.C.G.A., §50-5-71, the State Purchasing Division (SPD) has granted the authority to state entities to purchase urgently needed items arising from unforeseen causes, including, but not limited to, extreme weather conditions or official declared emergencies.

The Procurement Services Section, Division of Operations, adheres strictly to established emergency operations guidelines as set forth in the Department of Public Health Emergency Operations Policy, policy number EP-10001. In the event of an emergency situation, the effects of which creates a disruption in network or operational infrastructures, the Procurement Services Section will utilize internal protocol procedures for issuing manual purchase orders so that critical goods and services can be procured in an efficient and expedited manner.

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Emergency operating guidelines are as follows;

The Business Owner or other program representative completes the Emergency Purchase Requisition form, PR1101C, and submits it to the Procurement Services Section in person, by email, fax, or as the situation dictates, can communicate the request by phone.

Procurement staff person enters the information on the Emergency Purchase Log and assigns a pre-numbered purchase order (P.O.) to the requisition.

The Procurement staff person then enters the requisition information in either the paper or electronic version of the Emergency Purchase Order form, PR1101B.

The Procurement staff person processing the order, contacts the vendor by the communication method available, e.g., phone, email, fax, text, to place the order, provides the Emergency Purchase Order number and hard copy if required.

Once the network infrastructure has been restored, Procurement staff will create a purchase order in Team Georgia Marketplace (TGM), and will upload all emergency purchase related documents as an attachment to the order. All vendors who were issued an emergency purchase order number will be contacted by Procurement staff and provided the corresponding TGM purchase order number for invoicing purposes. Each Business Owner who submitted an emergency requisition will be provided with the TGM purchase order number and reminded to properly receive the goods or services in TGM upon receipt.

In the event of an emergency purchase, the Agency Procurement Officer (APO) must provide the State Purchasing Division (SPD) with written notice and justification by completing the [SPD-NI004 Emergency Justification Form](#). The completed form must be forwarded by the APO via email to processimprovement@doas.ga.gov within five (5) business days of the emergency purchase. A copy of the purchase order and all pertinent documentation relating to the purchase transaction should be forwarded to processimprovement@doas.ga.gov as soon as possible but no later than five (5) business days following the state entity's final payment or receipt and acceptance of the goods/services, whichever occurs last.

If a P-Card (Purchasing Card) is used for an emergency purchase, there are additional requirements noted in the DPH Purchasing Card Policy (PR-11002) and the [Statewide Purchasing Card Policy](#). In the event of an emergency purchase, the APO is required to provide notice and justification to SPD whether or not the dollar value of the emergency purchase falls within the state entity's delegated purchasing authority (DPA).

6.2.5 Non-Profit Exemption for Services

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GPM 1.3.4.4 - In accordance with O.C.G.A. §50-5-51, DOAS has both the authority and duty to canvass all sources of supply to establish contracts for needed goods and services as well as enter into or authorize agreements with private non-profit organizations or other states and their political subdivisions. Pursuant to this authority, DOAS may enter into and/or authorize state entities to enter into contracts with sources of supply established pursuant to competitive bidding conducted by other governmental entities or cooperative purchasing groups. Prior to using a consortia or cooperative purchasing contract, the state entity must request and receive prior approval from SPD by submitting a written request to processimprovement@doas.ga.gov.

GPM 1.2.2 - Non-profit exemptions for services, the state agency must comply with the provisions of O.C.G.A. §50-20-1 et seq.

- 6.2.6 Sole Source or Sole Brand Contracts - The Business Owner should make the request via email to Procurement for approval of Sole Source or Sole Brand contracts. The response should be attached with the Sole Source/Brand Form to the Contract Request Packet.

GPM 2.3.1 – Sole Brand Solicitation - A sole-brand solicitation is a competitive solicitation which includes specifications restricting offered goods to a specific manufacturer or owner's brand. Before making a determination that only one specific brand of goods will meet the state entity's critical business requirements, research must be conducted by the procurement professional to determine if other brands exist which can also satisfy procurement requirements in a timely manner. Sound procurement practice requires that a sole-brand solicitation be used only when it is the last justifiable option, and not as an attempt to contract for a favored brand of goods. An example of the appropriate use of the sole-brand justification may include certain situations where a specific piece of equipment is needed to match existing equipment or is a replacement. If the desired good is only available from one source, then the sole-brand solicitation is not applicable and the procurement professional must review the Sole Source Purchases Section of this policy.

A valid sole-brand justification allows the procurement professional to process a competitive solicitation with the insertion of "No Substitute" after the good is specified by brand name, model number, or some other designation identifying a specific good of a manufacturer.

To conduct a sole-brand solicitation, the procurement professional must first complete form SPD-PS019 Sole-Brand Justification Form. The procurement professional should access SPD-PS019a Sole-Brand Instructions for additional information regarding the completion of the form. The completed form must be publicly posted as an attachment with the solicitation. A sole-brand solicitation is a competitive solicitation and the procurement

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professional must comply with all other requirements regarding posting and processing a competitive solicitation.

GPM 2.3.2 – Sole Source Purchases - Based on market analysis, the procurement professional may determine only one supplier is capable of providing the needed goods or services. This is referred to as a sole-source purchase. Sole-source purchases must be distinguished from sole brand purchases in which more than one supplier is capable of providing the specific item.

6.3 PURCHASING THRESHOLD

Purchases totaling \$25,000 or greater require competitive bidding and/or a solicitation, unless the purchase is available from a Statewide Contract, or qualifies for an exemption or other exception.

6.4 DELEGATED PURCHASING AUTHORITY (DPA)

All DPH procurement/purchasing professionals must ensure all procurements conducted on behalf of the agency are within the purchasing authority granted by the State Purchasing Division. If the dollar amount of the purchase is within the delegated purchasing authority established for DPH, currently \$1,000,000 for Request for Proposals (RFP), then the procurement professional may begin to prepare the solicitation for processing. If the dollar amount of the purchase exceeds the delegated purchasing authority, the solicitation must be processed by the State Purchasing Division (SPD) unless DPH requests and receives approval to exceed the established threshold amount. Note: The delegated purchasing authority is unlimited for Request for Quotations (RFQ).

6.5 CONVENIENCE STATEWIDE CONTRACTS

6.5.1 Any statewide contract that has not been designated by SPD as a mandatory statewide contract (as further described in Tier 1 of the Order of Precedence) is a convenience statewide contract.

6.5.2 State entities are not required to use convenience contracts, but ordinarily such contract represents the best value for the state.

6.5.3 DPH supports use of state contracts as they save administrative cost and ensure compliance with state rules and regulations.

6.6 CONSORTIA OR COOPERATIVE PURCHASING

It is permissible for state agencies to participate in supply opportunities. In accordance with O.C.G.A., §50-5-51, DOAS has both the authority and duty to canvass all sources of supply to establish contracts for needed goods and services as well as enter into or authorize agreements with private non-profit organizations

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or other states and their political subdivisions. Pursuant to this authority, DOAS may enter into and/or authorize state entities to enter into contracts with sources of supply established pursuant to competitive bidding conducted by other governmental entities or cooperative purchasing groups. Prior to designating a supplier approved by a consortia or purchasing cooperative as an authorized source of supply, the state entity must provide public notice of the intended selection by posting that notice on the Georgia Procurement Registry (GPR) for a minimum of five (5) business days.

6.7 REQUESTS FOR WAIVER

Prior approval must be obtained from the State Purchasing Division (SPD) for any requests for waivers not to purchase from mandatory statewide contracts. Justifiable reasons include, but are not limited to:

- 6.7.1 The state entity's ability to pay
- 6.7.2 Cost
- 6.7.3 Delivery time, or
- 6.7.4 Compatibility with existing state entity situations.

6.8 CONTRARY PURCHASES

A purchase that is contrary to the rules and regulations established by SPD shall be void and of no effect. Any Department official who willfully purchases or causes to be purchased any materials, supplies or equipment contrary to the rules and regulations will be personally liable for the cost thereof. If purchase is paid for from state funds, the amount may be recovered in the name of the state, O.C.G.A. §50-5-79.

6.9 RECIPROCAL PREFERENCE

O.C.G.A. § 50-5-60 - The state and any department, agency, or commission thereof when contracting for or purchasing supplies, materials, equipment, or agricultural products, excluding beverages for immediate consumption, shall give preference as far as may be reasonable and practicable to such supplies, materials, equipment, and agricultural products as may be manufactured or produced in this state. Such preference shall not sacrifice quality.

Vendors resident in the State of Georgia are to be granted the same preference over vendors resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state, or by any local government of such state, to vendors resident therein over vendors resident in the State of Georgia.

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6.10 APPLICATION OF FEDERAL LAW, POLICY, OR RULE

- 6.10.1 HHSAR Policy, Attachment 2, Sections 2.4 (Conference Services and Meeting Space) – HHS solicitations, funding opportunity announcements, contracts (such as events management and logistical support contracts), purchase orders, grants, and agreements for conferences or meeting space must specifically prohibit the inclusion of food and meals and state that food and meals are not to be provided and are an unallowable expense.
- 6.10.2 Code of Federal Regulations (CFR) 2 CFR 176, American Recovery and Reinvestment Act (ARRA) of 2009, Buy American Provisions, Section 1605 of Title XVI – Provides that, unless of the three listed exceptions applies (non-availability, unreasonable cost, and inconsistent with public interest), and a waiver is granted, none of the funds appropriated or otherwise made available by the Act may be used for a project for the construction, alteration, maintenance, or repair of a public building or public work unless all the iron, steel, and manufactured goods used are produced in the United States.
- 6.10.3 19 United States Code (USC) Chapter 12, Trade Act of 1974 – Accords permanent normal-trade-relations (NTR), formerly called most-favored-nation (MFN) treatment to all its trading partners, promotes the development of an open, nondiscriminatory, and fair world economic system to stimulate fair and free competition between the U.S, and foreign nations, to foster the economic growth of, and full employment in, the U.S., and for other purposes.
- 6.10.4 Code of Federal Regulations (CFR) 2 CFR 180 - Suspension and Debarment, non-federal entities are prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. When a non-federal entity enters into a covered transaction with an entity at a lower tier, the non-federal entity must verify that the entity is not suspended or debarred or otherwise excluded. This verification may be accomplished by checking the System for Award Management (SAM) <https://www.sam.gov/portal/public/SAM/>, maintained by the General Services Administration (GSA), collecting a certification form from the entity, or adding a clause or condition to the covered transaction with that entity (2 CFR section 180.300).
- 6.10.5 United States law requires companies to employ only U.S. citizens or foreign citizens who have acquired the necessary work authorization. In compliance with O.C.G.A. §13-10-91 and DPH policy GC-09008 (Alien Residency Verification), all public services contracts shall include as an attachment, DPH form GC09008A. This compliance affidavit is required from all contractors, subcontractors, and sub-subcontractors for any performance of labor or services for a public employer using a bidding

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process or by contract (purchase orders included) wherein the labor or services exceed \$2,499.99. Procurement of services through a Georgia Statewide Contract is excluded from this requirement.

6.11 QUALITY CONTROL

6.11.1 Prior to dispatch of the purchase order, the APO or designee will reference the following details to identify errors in Purchase order coding and documentation.

6.11.1.1 Appropriate documentation of Purchase Type.

6.11.1.2 Appropriate documentation of Purchase Details.

6.11.1.3 Confirmation of following Order of Precedence

6.11.1.4 NIGP Code Review

6.11.1.5 Split Purchase Review

6.11.1.6 \$25K Bid Review

6.11.2 Purchase orders that are missing details are returned to the Buyer for edits or may include denial if additional procurement actions are required to validate processing. APO will provide evidence on the outcome of quality inspections monthly and on any corrective action (if applicable).

6.12 PUBLIC POSTING GUIDELINES

6.12.1 The following guidelines dictate posting periods based on Estimated Contract Value:

6.12.1.1 Up to \$9,999.99 - Minimum of three (3) business days

6.12.1.2 \$10,000-\$49,999.99 – Minimum of seven (7) calendar days

6.12.1.3 \$50,000-\$99,999.99 – Minimum of eight (8) calendar days

6.12.1.4 \$100,000-\$249,999.99 – Minimum of ten (10) calendar days

6.12.1.5 \$250,000 or greater – Minimum of fifteen (15) calendar days

Note: Sole Source posting requirements; \$25,000-\$249, 999.99, five (5) business days, \$250,000 >, fifteen (15) calendar days.

6.12.2 Solicitations – Minimum Review Period

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In the event that the solicitation does not identify a minimum time period for review, the minimum period listed below apply;

6.12.2.1 RFQ – Thirty (30) days from solicitation closing date.

6.12.2.2 RFQC – Sixty (60) days from solicitation closing date.

6.12.2.3 RFP – One hundred twenty (120) days from the solicitation closing date.

6.12.3 Notice of Intent to Award (NOIA)

The Notice of Intent to Award (NOIA) is the state entity’s official public announcement of its intended contract award to the apparent supplier/bidder.

If the contract has an estimated value of less than \$100,000, use of the NOIA is not required, but strongly recommended as a best practice. If the contract value is estimated to be \$100,000 or greater, the NOIA posting is mandatory. The NOIA is required to be posted for a period of ten (10) calendar days and no contract award can be made until the official posting period has expired.

6.12.4 Notice of Award (NOA)

The Notice of Award (NOA) is the state entity’s official announcement of actual contract award to the identified supplier/bidder. The NOA must be posted publicly within one (1) day of contract award and is mandatory for announcing any and all awards resulting from solicitations regardless of the dollar amount.

6.12.5 Supplier Notice of Protest

A supplier/bidder may file a written protest challenging a state entity’s compliance with applicable procurement procedures subject to the supplier’s compliance with established protest procedures. Reference the Georgia Procurement Manual (GPM), sections 6.5.1-6.5.8 for protest procedures and remedies.

6.12.6 Team Georgia Marketplace (TGM)

Team Georgia Marketplace™ is provided by SPD and its partners and serves as an online tool to support various state purchasing functions, including registration of suppliers, advertisement of procurement solicitations and contract opportunities, electronic bidding, and contracts management. All solicitations posted to Team Georgia Marketplace™ are automatically publicly advertised on the Georgia Procurement Registry (GPR).

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6.13 NON-COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE

- 6.13.1 The DPH Business Owner/Program first identifies the need for goods and/or services.
- 6.13.2 The Business Owner (BO) then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines.
- 6.13.3 Non-competitive status is applied to goods and services which are less than \$25,000, or are covered by statewide or agency contracts, or which qualify for a one-time exemption or exception. Although purchases under \$25,000 do not require competition, Procurement Section, when practical, will obtain three (3) competitive quotes.
- 6.13.4 The BO creates an eProcurement Requisition (eReq) and enters it into PeopleSoft TGM. It is imperative that the eRequisition includes the following information; Agency contact and delivery requirements, P-Card or P.O., item(s) description, quantity, unit of measure, unit price and shipping cost. The Statewide Contract number (if applicable) and NIGP code shall be referenced on each purchase order.
- 6.13.5 The eRequisition is then reviewed and approved by Manager and Program Director. If the Procurement/Purchase request is not in current year budget or represents a non-standard purchase, Executive Leadership approval is required.
- 6.13.6 The Budget Office then reviews the eRequisition for appropriate approvals and verifies budget information. If approved, the eRequisition is then processed by Purchasing.
- 6.13.7 Purchasing then creates a purchase order in PeopleSoft TGM and forwards the purchase order or purchase order number to vendor and a P.O. copy to the Business Owner/Program.
- 6.13.8 End of Non-Competitive Procurement/Purchasing cycle.

6.14 COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE – GOODS

- 6.14.1 The DPH Business Owner/Program first identifies the need for goods (commodities).
- 6.14.2 The BO/Program then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines.

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- 6.14.3 If the cost for goods (commodities) is \$25,000 or greater, and the purchase is not under a statewide contract or qualifies as an exemption or exception under the State Purchasing Act, O.C.G.A., §50-5-50, only a purchase order is required. The Procurement Services Section reserves the right to utilize a contract based on the conditions of the selected procurement method.
- 6.14.4 The BO creates eRequisition. It is imperative that the eRequisition includes all relevant information or documentation regarding request.
- 6.14.5 The eRequisition is then reviewed and approved by Manager and Program Director, if the Procurement/Purchase request is not in the current year budget or represents a non-standard purchase, Executive Leadership approval is required.
- 6.14.6 The Budget Section then reviews the eRequisition for appropriate approvals and verifies budget information. If approved, the eRequisition is then processed by the Purchasing Office.
- 6.14.7 If the request for goods (commodities) qualifies for a one time exemption under the State Purchasing Act, the eRequisition will be processed by the Purchasing Office and subsequently, a purchase order is created in PeopleSoft TGM. The purchase order is dispatched and copies are routed to the vendor and Business Owner/Program as required.
- 6.14.8 If the request for goods does not qualify for a one time exemption, with assistance from BO/Program, Procurement Office develops and posts a solicitation document.
- 6.14.9 Vendor is selected, Notice of Intended Award (NOIA) is posted, a purchase order is created in PeopleSoft TGM, followed by Notice of Award (NOA) posting.
- 6.14.10 The purchase order is dispatched and copies are routed to the vendor and Business Owner/Program as required.
- 6.14.11 End of goods request Procurement/Purchasing cycle.

6.15 COMPETITIVE PROCUREMENT/PURCHASING LIFE CYCLE – SERVICES

- 6.15.1 The DPH Business Owner (BO) first identifies the need for services.
- 6.15.2 The BO then develops appropriate procurement documentation (including cost estimate) by following established Procurement/Purchasing guidelines;

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- 6.15.3 A contract is required if the cost for services is \$25,000 or greater, the contract is for services, and the purchase is not under a statewide contract or qualifies as an exemption or exception under the State Purchasing Act, O.C.G.A., Section §50-5-50.
- 6.15.4 The BO completes the Contract Action Request (CAR) form, obtains approvals, and forwards document to the Budget Section for review and approval. If the Procurement request is not in the current year budget or represents a non-standard purchase, Executive Leadership approval is required.
- 6.15.5 After review and approval process is completed, the Budget Section returns the Contract Action Request (CAR) to the originating BO. The BO then delivers approved CAR and procurement documentation to Procurement Services. Procurement Services will review the CAR and corresponding documentation to determine type of contractual service and appropriate solicitation method.
- 6.15.6 Once the CAR is reviewed and approved by the Procurement Office, the CAR with corresponding procurement documentation is forwarded to the Contracts Office, where it is then logged in and contract development initiated.

Continuation of process life cycle by solicitation types are listed below:

6.16 EXEMPT STATUS SERVICES REQUEST

- 6.16.1 If the requested contractual service qualifies for exempt status, the Procurement Office notes the approved exemption and forwards the CAR to the Contracts Office for development/processing.
- 6.16.2 The Contracts Office adds services request information to the Pending Log and then forwards the CAR Packet to the BO for additional information if original documentation is deemed insufficient to move forward with the request.
- 6.16.3 If the CAR Packet is approved by the Contracts Office, and no additional information/documentation is required, the draft contract is forwarded to the Business Owner, Program Director, Executive Leadership, Contracts Director, Contracts Attorney, General Counsel, and Chief of Staff for approval.
- 6.16.4 The final contract is sent electronically to the contractor for review, approval, and instructions for signature.
- 6.16.5 The signed contracts, two (2), are then forwarded from the contractor to Procurement Services and then to the Chief of Staff for signature and final execution.

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- 6.16.6 Once signed by the Chief of Staff, the Contracts Office scans the executed contract, then emails the Contract and CAR to the following;
 - 6.16.6.1 Budget Section – verifies budget and notifies Procurement Services, (Purchasing, Procurement, and Contracts), change orders are created when required.
 - 6.16.6.2 Purchasing Office – creates purchase order and sends copy to the Contracts Office, Contracts Payable, and Budget. Purchase Order (with executed contract) copy is placed in permanent Contract File.
 - 6.16.6.3 Contracts Payable Office – creates spreadsheet and updates spreadsheet with P.O. information.
 - 6.16.6.4 Business Owner – notifies contractor when work can begin and initiates contract monitoring process.
- 6.16.7 Contracts Office – forwards one copy of the executed contract to contractor.
- 6.16.8 Contracts Office – places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log. A scanned copy of the contract is retained as electronic backup.
- 6.16.9 End of services request (Exemption Status) Procurement/Purchasing cycle.

6.17 SOLE SOURCE/SOLE BRAND SERVICES REQUEST

- 6.17.1 If the requested contractual service qualifies as a Sole Source or Sole Brand purchase, the Procurement Office posts the Sole Source/Sole Brand services request on the Georgia Procurement Registry (GPR) for five business days. This applies to Sole Source requests only. If the purchase is a Sole Brand only, the purchase is posted to the Team Georgia Marketplace (TGM) following the same guidelines as a competitive procurement.
- 6.17.2 If after the required posting period has closed and no protests have been received, the Procurement Office forwards the CAR back to Contracts for contract development/processing. If a valid protest to the posting is received, the Procurement Office will be required to initiate a competitive solicitation.
- 6.17.3 Contracts Office adds services request to Pending Log and then forwards CAR Packet to Business Owner (BO) for additional information if original documentation is deemed insufficient to move forward with the request.

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- 6.17.4 If the CAR Packet (including draft contract) is approved by Contracts, and no additional information/documentation is required, the draft contract is forwarded to the Business Owner, Program Director, Executive Leadership, Contracts Manager, Contracts Attorney, General Counsel, and Chief of Staff for approval.
- 6.17.5 The final contract is sent electronically to the contractor for review, approval, and instructions for signature.
- 6.17.6 The signed contracts (2) then are forwarded to the Chief of Staff for signature and final execution.
- 6.17.7 Once signed by the Chief of Staff, Contracts scans the executed contract, then emails the Contract and CAR to the following;
 - 6.17.7.1 Budget Office – verifies budget and notifies Procurement Services (Contracts, Procurement and Purchasing), change orders are created when required.
 - 6.17.7.2 Purchasing Office – creates purchase order and sends copy to Contracts, Contracts Payable Office, and Budget. P.O. (with executed contract) copy is placed in permanent Contract File.
 - 6.17.7.3 Contracts Payable Office creates spreadsheet and updates spreadsheet with P.O. information.
 - 6.17.7.4 Business Owner notifies contractor when work can begin and initiates contract monitoring process.
 - 6.17.7.5 Contracts forwards one copy of executed contract to contractor.
 - 6.17.7.6 Contracts places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log. A scanned copy of the contract is retained as electronic backup.
 - 6.17.7.7 End of services request (Sole Source/Sole Brand) Procurement/Purchasing cycle.

6.18 SOLICITATION FOR SERVICES REQUEST

- 6.18.1 If the requested contractual service requires a formal solicitation, Procurement Services forwards CAR packet to Contracts and then initiates development of solicitation document.

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- 6.18.2 The Contracts Office assigns contract number and adds services request to Pending Log. The CAR packet is then reviewed to verify that all required information is included in the document. If the documentation provided in the CAR packet is deemed insufficient to move forward with the services request, it is forwarded to Business Owner/Program for additional information.
- 6.18.3 Once all required information is obtained, Contracts creates contract shell. The contract shell is then forwarded to the Business Owner, Program Director, Executive Leadership, Contracts Manager, Contracts Attorney, General Counsel, and Chief of Staff for approval.
- 6.18.4 Copy of approved contract shell is then forwarded to the Procurement Office where it is merged with solicitation document.
- 6.18.5 The solicitation document is posted, evaluated, the contractor is selected, and the apparent successful bidder is notified of selection.
- 6.18.6 Contracts then updates contract shell with contractor information, and then sends the contract electronically to the contractor for review, approval, and instructions for signature.
- 6.18.7 Once the contractor returns the signed contract to the Contracts Office, the Procurement Office is notified, and the Notice of Intent to Award (NOIA) is posted.
- 6.18.8 If a protest is received during the ten (10) day posting period, and the Department of Administrative Services (DOAS) determines it is valid, the procurement process is terminated and DPH will be required to re-issue the solicitation.
- 6.18.9 If no protests are received after the ten (10) day posting period, then the signed contracts (2) are forwarded to the Chief of Staff for signature and final execution.
- 6.18.10 Once signed by Chief of Staff, the Notice of Award (NOA) is posted by the Procurement Office, Contracts Administration scans, then forwards Contract and CAR to the following;
 - 6.18.10.1 Budget Section – verifies budget and notifies Procurement Services (Contracts, Procurement, and Purchasing), change orders are created when required.
 - 6.18.10.2 Purchasing Office – creates purchase order and sends copy to Contracts, Contracts Payable, and Budget. P.O. (with executed contract) copy is placed in permanent Contract File.

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6.18.10.3 Contracts Payable Office creates spreadsheet and updates spreadsheet with P.O. information.

6.18.10.4 Business Owner notifies contractor when work can begin and initiates contract monitoring process.

6.18.11 Contracts Office – forwards one copy of executed contract to contractor.

6.18.12 Contracts Office places executed contract copy in permanent Contract File, and then moves contract from the pending log to the active log.

6.18.13 A scanned copy of the contract is retained as electronic backup.

6.18.14 End of services request (Formal Solicitation) Procurement/Purchasing cycle.

6.19 MANAGING PROCUREMENT RECORDS

Each procurement file should be identified so it can be readily located and referenced. All purchasing transactions should be supported with appropriate documentation. The state entity may maintain the files either in hard copy or in electronic form as long as the documentation is accessible. It is important that documentation maintained in electronic form has the same level of detail that would be available in hard copy, including authorized signatures.

6.20 RETENTION OF PURCHASING RECORDS

The use, retention, and destruction of Georgia records, including procurement records, is governed by the Georgia Records Act., O.C.G.A. §50-18-90 et seq. The act requires state entities to manage records in accordance with the procedures and regulations issued by the Division of Archives and History of the Office of the Secretary of State and the retention schedules approved by the State Records Committee. "Retention Schedule" means a set of instructions prescribing how long, where, and in what form records are maintained by the state entity. The Secretary of State's online resources include approved retention schedules and other resources. In addition to maintaining procurement records in accordance with the state entity's approved retention schedule, the APO must manage procurement records in a way that ensures documents are easily located to support contract management, respond to public requests for documents, and facilitate procurement processes such as resolution of protests and completion of audits.

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7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	July 1, 2011	Initial Issue
1	August 11, 2012	Annual review and update. Reformat to new template
2	July 11, 2013	Annual Review

8.0 RELATED FORMS

Form #CA05002A – Contract Action Request

<http://health.state.ga.us/phil/dph/docs/Forms/Procurement%20Services/CA-05002A%20CAR.pdf>

Form #PR11001A - Request for Purchase Order Revisions or Closure

<http://health.state.ga.us/phil>

Form #PR11001C – Emergency Purchase Requisition

<http://health.state.ga.us/phil>

Form #PR11001B – Emergency Purchase Order

For internal Procurement Services use only

Form #SPD-PS019 – Sole Brand Justification Form

http://doas.ga.gov/StateLocal/SPD/Seven/Docs_SPD_Stages/SPD-PS019SoleBrandJustificationForm.doc

Form #SPD-PS020 – Sole Source Intent to Award Form

http://doas.ga.gov/StateLocal/SPD/Seven/Docs_SPD_Stages/SPD-PS020SoleSourceIntentToAwardJustificationForm.doc

SPD-NI004 – Emergency Justification Form

http://doas.ga.gov/StateLocal/SPD/Seven/Docs_SPD_Stages/SPD-NI004EmergencyJustificationForm.doc




GCA09008A Alien Residency Verification Form

<http://health.state.ga.us/phil>

AD-21: DPH Asset Management Policy AM-001001



GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # AM-01001
ASSET MANAGEMENT POLICY

Approval:	 Kate Pirman, Chief Financial Officer	6/18/2014 Date
	 Janie Brodnax, Chief Operations Officer	6/18/2014 Date
	 Jamie Howgate, Chief of Staff	9/14/14 Date

1.0 PURPOSE

This policy contains guidelines and procedures for Asset Management and Tracking for all state owned and federal assets of the Department of Public Health (DPH).

1.1 **AUTHORITY** – The Georgia Department of Public Health (DPH) Asset Management Policy is published under the authority of DPH and in compliance with the following:

1.1.1 Official Code of Georgia Annotated (OCGA), Sections:

50-16-160 – Inventory of State Property – Central Inventory of Personal Property

50-16-162 – Inventory of State Property – Rules and Regulations

50-16-163 – Power to examine books, records, papers, or personal property of state entities to ensure compliance (with Inventory of State Property)

50-19-1 – Transportation Services, Purchase and Use of Motor Vehicles

1.1.2 State Accounting Office (SAO) Statewide Accounting Policy and Procedure – Capital Assets

1.1.3 Code of Federal Regulations (CFR)

45 CFR 92 - U.S. Department of Health and Human Services - Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments

7 CFR 3016 – U.S. Department of Agriculture - Uniform Administrative

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Requirements for Grants and Cooperative Agreements to State and Local Governments

34 CFR 80 – U.S. Department of Education - Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments

- 1.1.4 Georgia Department of Administrative Services (DOAS), Surplus Property Division – Georgia Surplus Property Manual
- 1.1.5 DOAS Office of Fleet Management – Georgia Fleet Management Manual in compliance with OCGA Chapter 50-19

2.0 SCOPE

The information in this policy applies to all DPH organizational units which use or have assigned DPH state-owned or federal assets. To ensure the appropriate expenditure of State and/or Federal funds, assets may not be purchased through contractual agreements.

3.0 POLICY

The policy of the Department of Public Health is to track and account for all assets purchased with state or federal funds by the Department or an authorized entity of the Department.

3.1 ACCOUNTABILITY

- 3.1.1 DEPARTMENT OF ADMINISTRATIVE SERVICES (DOAS) utilizes Georgia Technology Authority's computer managed PeopleSoft Asset Management System. DOAS is responsible for the overall statewide asset inventory tracking.
- 3.1.2 STATE ACCOUNTING OFFICE (SAO) maintains an on-line computer system to fulfill its responsibilities under the law for maintaining a central inventory of all assets owned by the State or any agency of the State.
- 3.1.3 DEPARTMENT OF PUBLIC HEALTH (DPH) is responsible for the accountability, use, maintenance and lawful disposition of all personal property titled to, assigned to, used by, or otherwise in the possession of department.

4.0 DEFINITIONS

- 4.1 ASSETS refers to all STATE OWNED tangible property, purchased with state funds or funds provided by a federal grant to the state, having a useful life expectancy of three (3) years or more and an acquisition of \$1,000 or more and all

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vehicles and all computers (regardless of cost). Assets are required to be entered into the Peoplesoft Asset Module for both accounting laws and insurance purposes. Any equipment or property that is donated to DPH, which meets the three (3) year useful life and a \$1,000 value (if it was purchased) must also be entered into the asset module of Peoplesoft. Contractors are not allowed to purchase assets with state funds.

- 4.2 TANGIBLE PERSONAL PROPERTY has substance and is moveable, such as furniture, machinery, trailers and automobiles
- 4.3 Form 5111 -- *Detailed Equipment Listing Form 5111*
- 4.4 PC -- Property Coordinator
- 4.5 DPH – Georgia Department of Public Health
- 4.6 FSS – DPH Division of Operations, Facilities and Support Services Section
- 4.7 DOAS – Georgia Department of Administrative Services
- 4.8 SAO – State Accounting Office
- 4.9 GTA – Georgia Technology Authority
- 4.10 AM – FSS Asset Manager
- 4.11 IT – Information Technology Division
- 4.12 OCGA - Official Code of Georgia Annotated
- 4.13 Counties – the Public Health office in the local county
- 4.14 GIA – Grant-in-Aid
- 4.15 GETS – Georgia Enterprise Technology Services

5.0 RESPONSIBILITIES

- 5.1 DPH DIVISION OF OPERATIONS FACILITIES AND SUPPORT SERVICES SECTION (FSS), ASSET MANAGEMENT UNIT (AMU) is designated as the DPH agent for establishing and maintaining the DPH assets and fleet inventory as well as fulfilling DPH's responsibilities under the law. The Asset Management Unit will maintain a complete listing (as further delineated in this policy) of assets valued at \$1,000 or more and all computers including but not limited to: CPUs, laptops, ipads, and tablets regardless of cost. The unit is responsible for adding these items to the PeopleSoft Asset Management System as received. FSS will conduct internal audits every other year to ensure compliance with state and federal

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regulations. FSS will maintain a schedule of internal audits and make available upon request.

- 5.2 DPH PROGRAMS are responsible for maintaining a list of all assets purchased (as further delineated in this policy) or assigned to them and to their interns and contract employees.
- 5.3 DPH MANAGERS, SUPERVISORS and EMPLOYEES using state-issued assets are responsible for ensuring that all state property, regardless of cost, is used properly, maintained appropriately, and protected against damage or theft. In addition, Programs must also report any changes to assets to AMU.
- 5.4 DPH DIVISIONS, SECTIONS and LOCAL FACILITIES are responsible for tracking items with a useful life of three years or more that are not entered in the PeopleSoft Asset Management System (under \$1,000) on their local inventory listing in the format provided by FSS. This list is to be provided to the DPH FSS on a semiannual basis.
- 5.5 DPH DIVISION OF INFORMATION TECHNOLOGY (IT) is responsible for maintaining an updated listing of all purchased/leased computers and communication devices and their current user assignments. This listing will be provided to the FSS Asset Manager and the Program Director for verification on a quarterly basis. The IT inventory is also used to reconcile the GETS invoice.
- 5.6 DPH DIVISION OF FINANCE, FINANCIAL SERVICES SECTION is responsible for providing the FSS Asset Manager with a copy of the Fixed Asset Report on a monthly basis. The Financial Services Section is responsible for ensuring that all assets, including vehicles and computers, are properly recorded.
- 5.7 DPH DIVISION OF OPERATIONS, PROCUREMENT SERVICES SECTION is responsible for ensuring that all assets over \$1,000 and all computers mentioned in a contract are properly recorded. The Contracts Unit is responsible for ensuring that purchases of assets are not allowed in contracts.
- 5.8 PROPERTY COORDINATOR. The Divisions, Sections, and Local Facilities of DPH are responsible for all state and federal personal property assigned to them and to their contract employees and interns. To accomplish this task, all Divisions and Sections of DPH are required to assign an employee to serve as the Property Coordinator (PC) for the Division or Section. The PC is accountable for the Division or Section's personal property and vehicle listings. The responsibilities of the PC include, but are not limited to:
 - 5.8.1 Ensuring adherence to the DPH Asset Management Policy. Including but not limited to the submission of paperwork on new assets and maintaining copies of all asset paperwork.
 - 5.8.2 Maintaining a complete asset listing and records of all state and federally funded equipment assigned to their division, section(s), and their

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agents/contractors. This listing is to be submitted to FSS at least semiannually or when the asset changes locations, whichever is sooner.

- 5.8.3 Notifying the FSS Asset Manager of any organizational changes that may affect the accountability or lawful disposition of DPH's personal property and vehicles.
- 5.8.4 Reserving the right to obtain all State and Federal property when a contract terminates or an agent/contractor stops doing business for DPH (provided that the property belongs to DPH). This includes but is not limited to: obtaining, completing, and submitting all the required paperwork to the FSS Asset Manager to move or delete the equipment from the Asset Inventory.
- 5.8.5 Notifying the FSS Asset Manager immediately of any change of address for the Division, Section, or Agents/Contractors using DPH property.
- 5.8.6 Verifying each Division/Section address annually.
- 5.8.7 Conducting an internal inventory at least every other year of all assets, including vehicles located in their assigned division, section(s), and of their contract employees and interns. Ensure that the asset listing is accurate and submitted to the FSS Asset Manager in a timely manner.
- 5.8.8 Conducting and participating in spot audits directed by the FSS Asset Manager throughout the state of Georgia.
- 5.8.9 Assisting the FSS Asset Manager with the training of local Property Coordinators in managing property legally and accurately.

6.0 PROCEDURES

6.1 ACQUISITION

- 6.1.1 Property is generally acquired in one of three ways:
 - 6.1.1.1. Purchased using state or federal funds.
 - 6.1.1.2. Donations and title transfers.
 - 6.1.1.3. Transfers from other DPH Division, Sections, or Local Facilities surplus.
- 6.1.2 Once purchased or acquired, property must be added to the PeopleSoft Asset Management System. Equipment-listing reports generated by PeopleSoft can then be used by State auditors, DPH auditors, the FSS Asset Manager, and Property Coordinators to conduct physical inventories

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for proper accountability. DOAS property transfer procedures are used to lawfully dispose of state-owned equipment.

- 6.1.3 Assets must be reported to the appropriate Property Coordinator in order to ensure that inventory listings are updated on the PeopleSoft Asset Management System. All acquisitions of equipment by either DPH State or District Offices must be reported to their Property Coordinator and recorded in PeopleSoft.
- 6.1.4 DIRECT PURCHASES – Direct purchases are assets purchased through the DPH Purchase order process.
 - 6.1.4.1. Staff should follow DPH's Procurement policy and procedures to initiate a purchase and notify their Property Coordinator that an asset has been ordered.
 - 6.1.4.2. By the 5th business day of the month, DPH Division of Finance, Financial Services Section will provide the FSS Asset Manager with the previous month's Fixed Asset Report which lists all purchased assets.
 - 6.1.4.3. The FSS Asset Manager will reconcile the Fixed Asset Report with DPH Financial Services Section on a monthly basis.
 - 6.1.4.4. The FSS Asset Manager will complete *Form 5111* from information provided in the PeopleSoft Asset Management System including the name of the Property Coordinator, the item's serial number, user and location.
 - 6.1.4.4.1. If the asset is purchased by the Local Public Health Offices using either state or federal GIA funds, the asset will be reflected on the County's financial records and a *Form 5111* is **not** needed for County purchases because it **will not** be recorded in PeopleSoft. The asset will be maintained, disposed of, and insured by the County.
 - 6.1.4.4.2. A listing of all assets purchased by the Counties using federal GIA funds should be submitted to FSS semiannually or when the asset changes locations, whichever is sooner. The listing should include the asset's serial number, user and location of the asset.
 - 6.1.4.4.3. Trailers purchased at the state level, to be used for Emergency Preparedness, will be maintained on PeopleSoft.

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- 6.1.4.5. The FSS Asset Manager will distribute the completed *Form 5111* for each piece of equipment purchased to the appropriate Property Coordinator.
- 6.1.4.6. A DPH decal will be assigned to each piece of equipment that is required to be kept on statewide inventory, and this label will be attached to the partially completed *Form 5111*. All assets purchased by DPH and entered into the Asset Management system by the FSS Asset Manager must have a DPH decal assigned in the system, and this decal must be affixed to the asset itself. The decal should be placed where it can be easily seen and accessible.
- 6.1.4.7. The Property Coordinator ensures that the completed *Form 5111* and the attached decals are delivered to the sites where the equipment is located. Completed *Form 5111* must be returned to the FSS Asset Manager to the following address:

Georgia Department of Public Health
 Division of Operations
 Facilities and Support Services Section
 Attn: Asset Manager
 2 Peachtree Street, NW, 9th Floor
 Atlanta, Georgia 30303-3182
- 6.1.4.8. Property Coordinators will be responsible for completing the shaded portions of the of *Form 5111*, affixing the DPH decal to the correct piece of equipment, signing *Form 5111* certifying this process has been completed, and returning the completed *Form 5111* to the FSS Asset Manager.
- 6.1.4.9. This process must be completed within 20 business days of issuance of *Form 5111* to the Property Coordinator. The FSS Asset Manager will keep a log and monitor this process. Directors will be notified of any outstanding assets (those without returned and completed *Form 5111*) after the 10 day grace period. Division/Section future purchasing capability may be suspended until all *Form 5111* requirements are satisfied.
- 6.1.4.10. The FSS Asset Manager will enter the serial number and location information into the PeopleSoft Asset Management System based on the information supplied on the returned *Form 5111* and the process will be complete.
- 6.1.4.11. For equipment acquired through transfer or donation, it is the responsibility of the Property Coordinator to make sure that a *Form 5111* is fully completed for each item acquired. These forms

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must be submitted to the FSS Asset Manager at the above address.

- 6.1.4.12. Incomplete forms will be returned to the originating Property Coordinator.
- 6.1.4.13. Additional steps need to be taken if the asset is a vehicle, computer or communication device. These steps are addressed in the DPH Transportation Policy and DPH Information Technology Policy.
- 6.1.5 INDIRECT PURCHASES - Indirect Purchases are assets purchased through Georgia Enterprise Technology Services (GETS). By the 5th business day of the month the Information Technology Division (IT) notifies the FSS Asset Manager of any purchase of computers to ensure that they are added to the PeopleSoft Asset Management System.
- 6.1.6 BUILDINGS AND CAPITAL IMPROVEMENTS - Buildings that are constructed by, purchased by, donated to, or transferred to DPH, must be entered into the PeopleSoft Asset Management System. Capital Improvements that are determined to increase the value or useful life by 25% of the original life period or cost of an existing capital asset, or meets the capitalization threshold must be placed on the PeopleSoft Asset Management System. In the event of a building acquisition or capital improvement, FSS will be responsible for reporting the acquisition cost, or value, as well as the useful life and/or value enhancement to the FSS Asset Manager. Proper documentation, to include, but not be limited to, invoices, contracts, GSFIC bond obligations, etc., will be accepted by the FSS Asset Manager in lieu of a *Form 5111* in order to properly enter the asset into the PeopleSoft Asset Management System.
- 6.1.7 PROPERTY OBTAINED FROM SURPLUS -- In order to obtain property from State Surplus, the procedures outlined in the DOAS Georgia Surplus Property Manual must be followed.
- 6.1.8 VEHICLES OBTAINED FROM SURPLUS – This requires extra steps covered under the DOAS Georgia Fleet Manual.
- 6.1.9 FEDERAL SURPLUS PROPERTY PROGRAM - There are specific conditions for surplus of federal property. The complete policy related to this may be found in the DOAS Georgia Surplus Property Manual.
- 6.2 **PHYSICAL INVENTORY**– DPH will conduct a complete physical inventory at least every other year. The Statewide Property System’s records are to be verified and updated at that time. Method to complete a physical inventory:

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6.2.1 The FSS Asset Manager sends the Property Coordinator an asset listing for their specific location and the date the response is due.

6.2.2 The Property Coordinator will do the following:

6.2.2.1. Verify the following information on the asset listing for each item on the list:

- Name
- Address
- Location
- Decal number
- Serial number
- Item description

6.2.2.2. Mark through or "strike out" any items on the list that cannot be physically located at their location.

6.2.2.3. If the new location of the item is known, the coordinator must complete a *DPH Surplus/Destruction Form* to indicate where the items are currently located.

6.2.2.4. If the current location of missing items is not known, the Property Coordinator must complete a *DOAS Stolen/Missing Property Incident Report* and submit that to the FSS Asset Manager.

6.2.2.5. If there are items at their location that are NOT included on the asset listing, the coordinator will add the information for those assets on the form (use additional sheets if needed) AND complete and attach a *Form 5111 Detailed Equipment Listing* providing all pertinent information on these items.

6.2.2.6. The asset verification and all required properly completed forms should be returned to the FSS Asset Manager before the appropriate "Due Date."

6.2.2.7. If the Due Date cannot be met, the property coordinator must contact the FSS Asset Manager. The Asset Manager will work with the Property Coordinator to ensure compliance.

6.2.3 The FSS Asset Manager will contact the Property Coordinator if there are any questions about the verifications or if additional information is required.

6.3 MISSING OR STOLEN PROPERTY – All missing or stolen property must be reported **immediately** to the Property Coordinator, local law enforcement officials, the DPH Risk Manager, and the FSS Asset Manager via the following procedure:

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- 6.3.1 The Property Coordinator should immediately report the incident to the Police and obtain a copy of the Police Report.
- 6.3.2 The Property Coordinator should immediately notify FSS Asset Manager by phone.
- 6.3.3 The Property Coordinator must complete a *DOAS Stolen/Missing Property Incident Report* and a *DPH Surplus/Destruction Form* to report the property stolen. A copy of the Police report must be attached to these forms. The completed forms and attachments should be sent to FSS Asset Manager.
- 6.3.4 The FSS Asset Manager will use the documentation to update the PeopleSoft Asset Management System. When the status information on the missing or stolen item is entered into the PeopleSoft Asset Management System, the scheduled date to delete should be entered in the comments section.
- 6.3.5 The FSS Asset Manager will report the loss to DOAS if the asset is insured.
- 6.3.6 The employee may be responsible for the replacement cost of an asset that is reported as stolen or misplaced while in the employee's custody.

6.4 DISPOSITION OF PROPERTY

- 6.4.1 DISPOSITION OF PERSONAL PROPERTY - property that is released to the DOAS Surplus Property Division, physically relocated within DPH, transferred to another agency, sold on-site, traded-in, or authorized for destruction.
 - 6.4.1.1. Staff submits request to their Property Coordinator.
 - 6.4.1.2. Property Coordinator completes *DPH Surplus/Destruction Form*.
 - 6.4.1.3. The Property Coordinator forwards the approved request that lists the items on PeopleSoft Asset Management System to the FSS Asset Manager for approval.
 - 6.4.1.4. The FSS Asset Manager submits the approved request to DOAS for final approval.
- 6.4.2 DISPOSAL OF ELECTRONIC EQUIPMENT (computers, copiers, etc):
 - 6.4.2.1. Staff submits request to their Property Coordinator.
 - 6.4.2.2. Property Coordinator completes *DPH Surplus/Destruction Form*.

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- 6.4.2.3. After receiving internal approvals, Property Coordinator forwards the request that lists the items on PeopleSoft Asset Management System to the FSS Asset Manager for approval.
 - 6.4.2.4. After review and approval, the FSS Asset Manager submits the request to DOAS for final approval. After DOAS provides approval, the FSS Asset Manager will contact the Property Coordinator with further instructions.
 - 6.4.2.5. DOAS sends a simultaneous notification to the FSS Asset Manager and the DOAS E-scrap vendor (a contractor authorized by DOAS to dispose of electronic equipment) via email that the items are ready for pick-up. An electronic copy of the *DPH Surplus/Destruction Form* is attached to the email providing the E-scrap Vendor with the list of equipment to be picked up and the contact information for the FSS Asset Manager.
 - 6.4.2.6. The E-scrap vendor will contact the FSS Asset Manager directly to arrange for pick-up. The FSS Asset Manager will coordinate the pick-up time with the Property Coordinator and the E-scrap vendor.
 - 6.4.2.7. The E-scrap vendor will pick up the electronic equipment and will provide a copy of *DPH Surplus/Destruction Form*. The Property Coordinator should verify that the appropriate equipment is picked up and the E-scrap vendor should sign off on the *DPH Surplus/Destruction Form* on the line located in the bottom right hand corner under the words *Received by:* verifying the pick-up.
 - 6.4.2.8. The E-scrap vendor will remove the equipment.
 - 6.4.2.9. The Property Coordinator sends the signed *DPH Surplus/Destruction Form* to the FSS Asset Manager. The FSS Asset Manager removes the equipment from the PeopleSoft Asset Management System.
- 6.4.3 DISPOSAL OF OTHER EQUIPMENT (except motor vehicles)
- 6.4.3.1. Staff submits request to their Property Coordinator.
 - 6.4.3.2. Property Coordinator completes *DPH Surplus/Destruction Form*. The property coordinator may be required to submit digital photographs of the items on the form to aid in possible re-distribution of the equipment within DPH.
 - 6.4.3.3. After receiving internal approvals, the Property Coordinator reviews the forms and documentation and determines if the equipment can be re-distributed or re-assigned within DPH. If the

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asset can be re-distributed or re-assigned within DPH, the property coordinator needs to follow the Property Transfer procedures.

- 6.4.3.4. If the equipment is appropriate to be re-distributed or re-assigned within DPH, the coordinator will notify other Divisions/Sections of the availability of the item(s) and include the pictures.
- 6.4.3.5. If the item(s) are wanted by another Division/Section, the coordinator sends the *DPH Surplus/Destruction Form* to the requesting Division/Section property coordinator who makes the re-assignment and indicates the NEW physical location of the equipment on the *DPH Surplus/Destruction Form* and forwards the form back to the Property Coordinator.
- 6.4.3.6. Property Coordinator forwards the request that lists the items on PeopleSoft Asset Management System to FSS Asset Manager for approval. After review and approval, FSS Asset Manager signs the form and removes or corrects the location of the equipment in the PeopleSoft Asset Management System.
- 6.4.3.7. If the equipment is NOT re-distributed or re-assigned within DPH, the FSS Asset Manager forwards the *DPH Surplus/Destruction Form* to DOAS for approval to destroy or dispose of the equipment.
- 6.4.3.8. The FSS Asset Manager arranges for disposal of the equipment. This disposal is normally accomplished by arranging for the items to be hauled off to a local landfill (following all local rules and regulations). Any hauling, labor, or landfill charges incurred during the surplus procedure of non-electronic surplus are the responsibility of the requesting entity (custodial property owner).

NOTE: At this point, the equipment MUST be destroyed or disposed. It CANNOT be given, donated or transferred to any individual or organization.
- 6.4.3.9. The Property Coordinator completes the *DOAS Surplus Property Affidavit of Disposal Form* (which certifies that the equipment was destroyed or otherwise disposed) includes the disposal authorization number, signs it, obtains a witness signature and sends the signed form. All documents are scanned and emailed to the FSS Asset Manager for review. This process MUST be completed within 14 days of the issue date of the Affidavit or it will be voided by DOAS.
- 6.4.3.10. Upon receipt of the Affidavit, the FSS Asset Manager will remove the equipment from PeopleSoft Asset Management System.

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6.4.4 FEDERAL SURPLUS PROPERTY PROGRAM

- 6.4.4.1. OGGA 50-5-140 through 50-5-146 provides authority to DOAS to establish and operate a State Agency Surplus Property for the purpose of distributing surplus properties made available by the State and Federal government.
- 6.4.4.2. There are specific conditions for the surplus of federal property. Property Coordinators should contact DOAS Surplus Property Division for specifics. Policies related to this may be found at www.surplusproperty.doas.ga.gov Note: If the asset is not longer needed, the federal funder must approve the transfer or destruction of the asset.
- 6.4.4.3. Procedures in conformance with the provisions of Federal and State laws and regulations provide for the management of the Federal Surplus Property Program. These procedures can be found in the Georgia State Agency for Surplus Property Division's Manual State Plan of Operations available from the DOAS Surplus Property Office.
- 6.4.4.4. Categories of eligibility are classified administratively into the following groups:
 - 6.4.4.4.1. Group A – Departments, Bureaus, Commissions, and other entities of State Government
 - 6.4.4.4.2. Group B – County Governments and Authorities
 - 6.4.4.4.3. Group C – Municipal Governments and Authorities
 - 6.4.4.4.4. Group D – Board of Regents and Colleges of the University System
 - 6.4.4.4.5. Group E – Department of Technical and Adult Education
 - 6.4.4.4.6. Group F – Public School Systems
 - 6.4.4.4.7. Group G – Private, non-profit, and tax-exempt educational institutions, childcare centers, libraries, museums, etc.
 - 6.4.4.4.8. Group H- - Non-profit and tax exempt health institutions, hospitals, clinics, and health centers
 - 6.4.4.4.9. Group I – Federal assisted centers for the aging

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6.4.4.4.10. Group J – Public and non-profit tax exempt agencies that provide shelter for the homeless

6.4.4.5. Applicable Service and Handling Charges are assessed on all items of property donated to sustain the Surplus Property Program since there is no funding appropriation. Service and Handling charges are based upon the original acquisition cost of property to the Federal government, the condition of the property, costs of screening and shipping. On average, the charges amount to less than ten percent of the original acquisition cost.

6.4.5 PROPERTY TRANSFERS

6.4.5.1. Transfer of property within DPH is the most frequent type of disposition used. Under no circumstance is inventoried equipment to be relocated or transferred from its assigned location without prior authorization. The FSS Asset Manager has the authority to redistribute surplus property, which is no longer needed in Divisions/Sections. This also includes transfers from one Division/Section to another to help fulfill equipment needs. The procedures for transferring, loaning or temporarily assigning assets within DPH is:

6.4.5.1.1. The Property Coordinator completes a *DPH Surplus/Destruction Form* and forwards the completed form to the FSS Asset Manager for review and approval.

6.4.5.1.2. If approved, the FSS Asset Manager signs and sends all copies back to the Property Coordinator to complete the physical transfer. NOTE: If the item is a computer or electronic piece of equipment with a hard drive, the hard drive must be cleaned prior to being transferred. Verification of the cleaning of the hard drives must be documented by completion of an *Information Assets Data Eradication and Software Removal Form* and submitted to the FSS Asset Manager.

6.4.5.1.3. After receiving the transferred equipment and the accompanying *DPH Surplus/Destruction Form*, the receiving division/section signs the transfer document and returns it to the FSS Asset Manager.

6.4.5.1.4. The FSS Asset Manager makes the change of location in the PeopleSoft Asset Management System.

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6.4.6 RETURN OF STATE/FEDERAL PROPERTY

6.4.6.1. The Business Owner and Program Director reserve the right to require that Agents/Contractors/Grantees return all State/Federal property to the State and work with the Property Coordinator to complete all necessary paperwork required for such action.

6.4.7 PROPERTY REMOVAL

6.4.7.1. If any asset needs to be removed from the building for use at home or off-site, a *Property Removal Form* must be submitted to the employee’s manager or director for approval.

6.4.7.2. If the asset is removed on a regular basis, then the requestor writes *Regular* in the Time Out section.

6.4.7.3. Once approved this form is submitted to FSS Asset Management Unit. FSS AMU maintains a file of all Equipment Removal forms.

6.4.7.4. If an employee removes any asset without completing the *Property Removal Form*, the employee is personally responsible for the equipment and can lose the privilege of removing equipment in the future.

6.4.7.5. All assets should be secured and protected from potential loss or damage. Repeated loss or damage to equipment due to neglect and/or not securing appropriately (i.e., leaving in an unlocked car, leaving equipment in sight, etc.) can result in the employee compensating DPH for the equipment and/or losing the privilege of removing equipment in the future.

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7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	July 1, 2011	Initial Issue
1	July 5, 2012	Updated policy to reflect changes in how inventory is tracked
2	April 22, 2014	Changes in wording for clarification – sections: 6.1.4.4.1, 6.3.5, 6.4.3.3, and 6.4.3.8
3	June 12, 2014	Changes made to this policy to ensure compliance with DOAS policy revisions and add AM-01001C Surplus/Destruction Form.

8.0 RELATED FORMS

Form 5111 Detailed Equipment Listing

DOAS Surplus Property Affidavit of Disposal

http://doas.ga.gov/StateLocal/Surplus/Docs_SurplusStateGov/Affidavit%20of%20Disposal%201110.doc

DOAS Missing or Stolen Property Form

http://doas.ga.gov/StateLocal/Surplus/Docs_SurplusStateGov/Stolen%20Property%20Report.docx

Form AM01001A Property Removal Form

Form AM01001B Information Assets Data Eradication and Software Removal

Form AM01001C DPH Surplus/Destruction Form



Surplus / Destruction Form # AM01001C

Releasing Agency Information			
From Agency:			
Property Location:			
Address 1:		City:	
Address 2:		Zip:	
County:	State:	Zip:	
Location Contact:			
Phone:			
Email:			

Receiving Agency Information			
From Agency:			
Property Location:			
Address 1:		City:	
Address 2:		Zip:	
County:	State:	Zip:	
Location Contact:			
Phone:			
Email:			

Requested Date: _____

Action Requested:
Choose an item.

Surplus Number: _____

Line #	QTY	Item Description	Make /Model	Serial/VIN/Asset ID	Condition
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.

Received By: _____

Released By: _____

Date: _____

Date: _____

Form # AM-01001C Surplus/Destruction Form – Revised 06/12/2014



Surplus / Destruction Form # AM01001C

Line #	QTY	Item Description	Make/ Model	Serial/VIN/Asset ID	Condition
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.

Received By: _____

Date: _____

Released By: _____

Date: _____

Form # AM-01001C Surplus/Destruction Form – Revised 06/12/2014

AD-22: DPH Indirect Cost Rate Agreement

STATE AND LOCAL GOVERNMENTS RATE AGREEMENT

EIN: 90-0676388	DATE:05/28/2015
ORGANIZATION:	FILING REF.: The preceding
Georgia Department of Public Health	agreement was dated
2 Peachtree Street - 15th Floor	03/26/2014
Atlanta, GA 30303	

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2013	06/30/2014	17.60	All	All Programs
PROV.	07/01/2014	06/30/2015	19.70	All	All Programs
PROV.	07/01/2015	06/30/2016	17.60	All	All Programs

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

ORGANIZATION: Georgia Department of Public Health
 AGREEMENT DATE: 5/28/2015

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

Fringe Benefits include: FICA, health insurance, and retirement.

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ending 06/30/15, will be due no later than 12/31/15.

ORGANIZATION: Georgia Department of Public Health
 AGREEMENT DATE: 5/28/2015

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its indirect cost pool as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as indirect costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from indirect to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of indirect costs allocable to these programs.

BY THE INSTITUTION:

Georgia Department of Public Health

(INSTITUTION)

Kathryn L. Plizman

(SIGNATURE)

Kathryn L. Plizman

(NAME)

Chief Financial Officer

(TITLE)

6/15/15

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim - S

Digitally signed by Arif M. Karim S
 DN: cn=Arif M. Karim, o=U.S. Government, ou=HHS, ou=OSC, ou=People
 cn=Arif M. Karim, s=5, 819, 214, 2, 192003101, 100, 1.1 = 2006212895
 Date: 2015.06.19 07:45:59 -0500

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/28/2015

(DATE) 7639



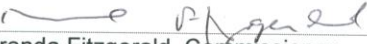
HHS REPRESENTATIVE: June Talbert

Telephone: (214) 767-3261

AD-23: DPH Invoice Payment Policy FN-06038



**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # FN-06038
INVOICE PAYMENT POLICY**

Approval:	 Kate Pfirman, Chief Financial Officer	 Date
	 Dr. Brenda Fitzgerald, Commissioner	Date

1.0 PURPOSE

The purpose of this policy is to provide ensure invoice payments are made in compliance with the payment terms.

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) Invoice Payment Policy is published under the authority of DPH and in compliance with the following:

- 1.1.1 Official Code of Georgia Annotated (OCGA), Sections: Sections: 50-5B-3(3).
- 1.1.2 Executive Order–Governor Sonny Perdue's Executive Order dated December 21, 2010 stating that payment of invoices should be made consistent with the payment terms. Prompt pay discounts are noted as an effective tool for saving the state money.

2.0 SCOPE

This policy applies to invoices received in the Department of Public Health (DPH).

3.0 POLICY

The policy of the Department of Public Health is to make prompt, accurate invoice payments.

3.1 ACCOUNTABILITY

- 3.1.1 Invoices are received directly from the vendor in either in the Financial Services Section (FS) Accounts Payable Office (AP) or in the DPH Sections. Invoices are from vendors who have usually provided goods and services to the DPH and are requesting payment. Each invoice should be approved by the Business Owner (BO). Approval assumes that the services or goods provided have been received by the program.
- 3.1.2 Invoices generated from a purchase order for goods and services must be reviewed and approved by the BO. The payment should be applied against

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the existing purchase order which will require Team Georgia Marketplace (TGM) access. A TGM receipt should be processed in PeopleSoft. The receipt number and invoice should be forwarded to AP for the payment to be processed within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms. See Contracts Payment Policy for additional instructions.

3.1.3 Invoices generated from a miscellaneous purchase or a purchase unrelated to a purchase order payment must be reviewed and approved by the BO. The payment should be presented to Budgets for payment using a Basic Expenditure Form (BEF) within seven (7) days of receipt from vendor. If seven (7) days falls after the net terms, invoice should be submitted as soon as possible to ensure payment within terms.

4.0 DEFINITIONS

- 4.1 DPH – Department of Public Health
- 4.2 BO – Business Owner
- 4.3 FS – DPH Division of Finance, Financial Services Section
- 4.4 AP – DPH Division of Finance, Financial Services Section, Accounts Payable Office
- 4.5 Budget– DPH Division of Finance, Budgets Section
- 4.6 BEF – Basic Expenditure Form

5.0 RESPONSIBILITIES

- 5.1 DPH is responsible for paying vendors accurately and timely.
- 5.2 FS is responsible for ensuring that vendor payments are processed accurately and timely.
- 5.3 The Budget Section is responsible for ensuring that the funds are available and that the budget codes used for processing are correct.
- 5.4 BO is responsible for ensuring that invoices are correct; the goods and services have been appropriately received; and that the request for payment is correct and presented for payment within the net terms due.

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6.0 PROCEDURES

- 6.1 The BO should submit invoices to FS for payment within seven (7) days of receipt from vendor. If 7 days falls after the net terms due, the invoice should be submitted as soon as possible to ensure payment with terms. All invoices should be date stamped in an area that is readable.
- 6.2 The BO will verify the accuracy of invoices. Invoices requiring vendor correction must be documented and the corrected invoice should be date stamped and processed within four (4) days of receipt.
- 6.3 The BO will prepare the Basic Expense Form (BEF) using the appropriate PeopleSoft accounting codes. Initial the BEF in the top right hand corner which will indicate that the BEF has been reviewed. The appropriate Program Manager should date and approve the BEF and submit to Budgets for review and approval of codes and funding availability.
- 6.4 The BEF should be reviewed and approved by Budgets prior to being submitted to AP for payment. The BEF should go to Budgets within the four (4) days of receipt from the vendor. Budgets should date stamp the BEFs in an area that is readable. Budgets will verify the accuracy of the BEF, specifically the accounting codes. If the BEF requires corrections Budgets will document and discuss with the BO and corrected within one (1) day. The Budget Analyst will approve the BEF and place in the FS box.
- 6.5 AP will clear the inbox twice daily. AP will date stamp and log BEFs. The BEF, Invoice and supporting documents are reviewed for accuracy prior to payment voucher being entered in the financial system. AP will enter the invoice for payment into the Peoplesoft within 2 days with a seven (7) day payout from date of receipt in AP. In the event the payment terms cannot be met, AP will report problem to the Accounts Payable Manager for resolution.
- 6.6 The AP staff will enter the information to generate a voucher, and print a copy of the payment schedule panel to attach it to the BEF and invoice. The documents are submitted to the payment Output section where the information is verified for accuracy, remittance statements attached, and checks and EFT information is mailed out. The documents are retained on file for auditing purposes.
- 6.7 PeopleSoft queries should be used to reconcile invoices received from the vendor to actual payments made within two weeks of submission for payment. Any outstanding payments should be reconciled to ensure that the accounting records and the vendor records match.
- 6.8 **Request for Postage**
 - 6.8.1 A BEF, an explanation, and a request for a check payable to the US Postmaster should be submitted to FS for postage stamps. The requestor

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will be contacted to pick up the check to redeem for postage stamps from their local Post office. The receipt from the Post Office should be submitted to FS within 7 days of picking up the check. The receipt will be filed with the BEF.

6.9 To request a vendor Identification number or make changes to an existing vendor, the following forms should be completed and submitted to Accounts Payable:

6.9.1 IRS W-9 Form (taxpayer ID form) located on the Internal Revenue website at the following link:

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

6.9.2 Vendor Management Bank Account Form located on the State Accounting website at the following link:

http://sao.georgia.gov/vgn/images/portal/cit_1210/34/8/169064623Vendor%20Management%20Bank%20Account%20Form%20and%20Instructions.pdf

6.9.3 Vendor Management Change Form (if necessary) located on the State Accounting Office website at the following link:

http://sao.georgia.gov/vgn/images/portal/cit_1210/60/30/168932608Vendor%20Management%20Change%20Form%20and%20Instructionsv1.pdf

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	March 08, 2012	Initial Issue
1	July 24, 2012	Annual review and update. Reformat to new template

8.0 RELATED FORMS

Basic Expenditure Form

AD-24: Certification of Pay

Certification of Pay

Where employees are expected to work solely on a single Federal award . . . their salaries and wages will be supported by periodic certifications that the employees worked solely on that program for the period covered by the certification. These certifications will be prepared at least semi-annually and will be signed by the employee or supervisory official having first hand knowledge of the work performed by the employee.

I _____ certify that 100% of my time has been spent performing duties
(Name and Title)
associated with _____ for the period of _____.
(Federal Program)

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

AD-25: Returned Food Instruments - Standard Operating Procedure (SOP)

Vendor appeals of Food Instruments (FI) returned to the vendor and unprocessed by WIC banking will be responded to by Vendor Management within 3 business days of receipt from the vendor.

If it is determined that the response to an appeal concerning the final payment status of a returned FI will exceed three (3) business days from its receipt, the vendor will be notified of the exception by the 3rd business day of the appeal receipt. The response from Vendor Management will include an explanation of the additional research and approximate time required to reach a decision concerning the appeal.

All vendor communication concerning appeals of returned FIs for payment will include a reminder that Georgia WIC *does not* pay for FIs that have the following status:

- **Stale dated food instruments**
- **Post dated food instruments**
- **Food instruments with missing signatures**
- **Out of state food instruments**
- **Food instruments or vouchers that have been paid via Automated Clearing House (ACH).**

Note:

1. No actual Food Instruments are received at SWO. Vendor is instructed to retain them and submit to WIC Banking/CSC.
2. All appeals of returned food instruments will be resolved within the maximum 60 day timeframe.
3. Vendor Management does not veer away from the Banking Decision Document. The Vendor must correct the error identified and resubmit the FI. All FIs are paid via WIC Banking/CSC after the Vendor resubmits.
4. The position largely responsible for the steps outlined in the Returned Food Instruments SOP is the Senior Operations Analyst. Once the Georgia WIC reorganization is complete and the section is fully staffed, the responsibility will be cross-trained within the Vendor Relations and Administration unit. The Manager of Vendor Relations and Administration will assume supervisory responsibility for the effort overall.

Vendor Submission process:

1. All incoming appeals concerning returned Food Instruments should include a facsimile or scan of all Food Instruments in question along with an explanation of why each FI was returned to the Vendor and requires an intervention by Georgia WIC.
 - a. All facsimiles/scans of Returned Food Instruments submitted without an explanation will be returned unprocessed to the Vendor (a maximum of 2 business days from receipt of appeal).
2. Submissions of appeals of returned Food Instruments for the following reasons will be returned to the Vendor for redeposit (a maximum of 2 business days from receipt of appeal):
 - a. Invalid Vendor Stamp
 - b. Unreadable Vendor Stamp
 - c. Missing Vendor Stamp
 - d. Encoding Error (comes from Vendor's Banking Institution).

The vendor must correct the error identified and resubmit the FI.

3. If the returned FI explanation is based on a Fatal Error (See Banking Decision Document) that cannot be corrected for redeposit, further research is warranted.

A communication will be sent to the Vendor (within 3 business days of receipt of appeal) notifying them of the status of the FI requiring additional research.
4. Vendor Management staff will secure and verify supportive Vendor information in VIPS for the following areas in order to rule out any inconsistencies in processing as a part of the appeal process (1 hour of effort/included in 1st 3 business days):
 - a. Vendor Status
 - b. Vendor Peer Group
 - c. Redemption History.
5. Vendor Management staff will consult directly with CSC to verify the rejection reason(s) for each FI submitted (within 2 business days maximum of receipt of appeal).
6. ***After all efforts have been exhausted*** to verify the authenticity of the FI, a Vendor submission packet will be constructed that includes all submitted and accrued documentation. The packet will include a recommendation of pay status (pay or not pay) to the Director of Vendor Management (1 - 2 business days maximum).

Vendor submission packet includes the following

- Official digital copy of rejected food instrument(s)
- Rejection reason(s)
- Copy of current pricing tables
- WIC Banking check information for the Vendor
- Issuance record information/what batched from the clinic to CSC
- Summary citing facts supporting the determination of payment
- Draft of letter with determination of payment for Vendor for signature.

7. Determination of Payment

- a. **Pay** - If the Director of Vendor Management determines the Food Instruments are to be paid, the Vendor submission will be prepared and sent to WIC Banking/CSC for payment processing within 7 business days of receipt of the appeal request. Vendor Management will request a formal response from CSC (via email) confirming receipt of payment decision and confirmation of the date FI was paid.

The Vendor will receive communication identifying the scheduled payment of the FI in appeal (within 7 business days of receipt of request by CSC). A copy of all communication will be placed in the Vendor File.

- b. **Do Not Pay** - If the Director of Vendor Management determines that the appeal of a returned Food Instrument will not be paid, the Vendor submission will be returned to the Vendor with an explanation as to why the Food Instrument(s) will not be paid (within 7 business days of receipt of appeal request from vendor). A copy of this communication will be sent to CSC (via email). A copy of all communication will be placed in the Vendor File.

AD-26: Sample Job Description Senior Public Health Educator - Lactation Consultant

The examples of work given are illustrative of the duties assigned to positions of this class. No attempt is made to be exhaustive. The intent of the listed examples is to give a general indication of the levels of difficulty and responsibility common to all positions of this class.

The standards for training and experience express the minimum background necessary as evidence of an applicant's ability to qualify for positions of this class. Unless otherwise stated, the Applicant Services division may allow substitution of appropriate education or experience for the training and experience minimum listed.

DEFINITION

Under direction, performs work of moderate difficulty in planning and implementing breastfeeding education activities related to public health programs; and performs related work as required.

EXAMPLES OF DUTIES

- I. Coordinates breastfeeding promotion project. Writes, revises, and evaluates the district's breastfeeding services.
 - A. Establishes relationships with community health centers and/or hospital staff to provide breastfeeding services.
 - B. Provides in-service education material and/or needed equipment on breastfeeding for staff development.
 - C. Responsible for keeping daily communication sheets regarding telephone calls, correspondence, patients seen, meetings, and work related to breastfeeding funds.
- II. Promotes breastfeeding services as an integral part of perinatal care.
 - A. Encourages all prenatal women, on their initial visit, to breastfeed by providing an array of educational material and counseling.
 - B. Provides additional breastfeeding counseling to prospective breastfeeding women during the last trimester through breastfeeding classes and/or individual counseling.
 - C. Provides postpartum assessment of breastfeeding dyad, education, and assistance in resolving problems upon request. Provides adequate documentation of services and makes appropriate referrals for continuity of care.
 - D. Develops and implements continuing education and support networks through a variety of methods, such as support groups, peer counselors, etc.

- E. Supervises and trains peer counselors.
 - F. Has ability to communicate effectively in writing, including grant proposals.
- III. Evaluates effectiveness of breastfeeding program activities.
- A. Produces reports to determine breastfeeding rate and duration.
 - B. Assists District Nutrition Services Director in writing the breastfeeding promotion plan and annual update of breastfeeding activities.
 - C. Shares reports at local district meetings and state wide breastfeeding conferences.
- IV. Attends in-service education programs and annual statewide breastfeeding conferences.
- V. Other miscellaneous duties, activities and responsibilities as program needs develop and change, and as assigned.

MINIMUM QUALIFICATIONS: NECESSARY KNOWLEDGE, SKILLS, AND ABILITIES

Considerable ability to assess the effectiveness and needs of a lactation promotion and education program and to plan and implement appropriate changes and improvement; and to assess and counsel an individual.

Considerable skill in the organization and preparation of lactation literature and visual aids; in making oral presentations of instructional programs to the general public and to other health specialists.

Good knowledge of educational program development and implementation as related to the preparation of health education displays, lectures, written material, and classroom programs; of data collection and evaluation techniques appropriate to the assessment of the breastfeeding program.

Good working skills in communicating effectively with the professional staff, general public and para-professionals; in use of educational literature and visual aids; in making oral presentations of instructional programs; in making recommendations for equipment needs; and in ability to budget.

TRAINING AND EXPERIENCE

Completion of a master's degree in public health, education, nursing, nutrition or a field directly related to public health activities. Certified as an International Board Certified Lactation Consultant or eligible for certification within two years. Has successfully completed the state certified lactation counselor (CLC) course or equivalent.

AD-27: Sample Job Description**JOB TITLE: DISTRICT BREASTFEEDING COORDINATOR****GENERAL SUMMARY:**

Under general supervision, plans, develops, implements and evaluates strategies for promoting and supporting breastfeeding among the high risk, low income population, especially prenatal/breastfeeding women and infants.

RESPONSIBILITIES AND STANDARDSResponsibility Number 1 (All)

Develops long and short-term goals for breastfeeding promotion and supports activities for the district.

STANDARDS:

1. Works closely with the supervisor to develop an appropriate district Breastfeeding Promotion and Support Plan.
2. Coordinates breastfeeding services among all clinic sites to ensure efficiency of services provided.
3. Accurately interprets federal/state regulations to ensure adherence to these.
4. Makes sound and defensible recommendations to the supervisor regarding the breastfeeding budget.
5. Develops continuing education, support networks for mothers and networks for professionals in breastfeeding promotion and support.

Responsibility Number 2 (Some)

Implements breastfeeding promotion and support plans, to include staff development, community networks and services to clients.

STANDARDS:

1. Provides in-service education, materials and/or needed equipment for staff development in a timely manner.
2. Establishes a good working relationship with community health centers and/or hospital staff to assure continuity of breastfeeding services to clients.
3. Serves as the district's primary resource person regarding breastfeeding education and support by providing prompt responses to inquiries.
4. Provides direct services to clients through prenatal classes, individual instruction, referral for appropriate case, telephone consultations according to established laws and guidelines.
5. Coordinates pump loan program to ensure maximum usage of available pumps and instructs both staff and clients on use of breast pumps as needed.

6. Serves as primary resource person to health department staff regarding current recommendations and information in breastfeeding management.

Responsibility Number 3 (All)

Works closely with the supervisor to evaluate the effectiveness of breastfeeding program activities.

STANDARDS:

1. Monitors reports to accurately determine breastfeeding rates by county, district, and state.
2. Writes the annual progress report on the breastfeeding promotion and support plan by providing appropriate input in a timely manner.
3. Maintains necessary reports and data for the purpose of documenting incidence and duration of breastfeeding, client-centered activities, activities conducted with other agencies, community groups and local hospitals, and training conducted.

Responsibility Number 4 (All)

Creates and maintains a high performance environment characterized by positive leadership and a strong team orientation.

STANDARDS:

1. Defines goals and/or required results at beginning of performance period and gains acceptance of ideas by creating a shared vision.
2. Communicates regularly with staff on progress toward defined goals and/or required results, providing specific feedback and initiating corrective action when defined goals and/or results are met.
3. Confers regularly with staff to review employee relations climate, specific problem areas and actions necessary for improvement.
4. Evaluates employees at scheduled intervals, obtains and considers all relevant information in evaluations and supports staff by giving praise and constructive criticism.
5. Recognizes contributions and celebrates accomplishments.

Motivates staff to improve quantity and quality of work performed and provides training and development opportunities as appropriate.

Responsibility Number 5 (All)

Maintains responsibility for personal professional continuing education to enable application of current practice.

STANDARDS:

1. Participates in professional workshops, seminars, staff meetings and other in-services as scheduled. Summarizes relevant information received in training sessions; shares with other staff either in verbal or written form.

2. Remains knowledgeable and up-to-date in the field of nutrition through reading nutrition and medical journals and textbooks.
3. Maintains CPR certification and proficiency by renewing certification bi-annually.

MINIMUM QUALIFICATIONS:

Completion of an undergraduate degree in dietetics, nursing, community health nutrition, or health education at a four year college or university
AND

A minimum of one year of experience providing breastfeeding education, lactation counseling and assessments and peer counselor supervision in a hospital or community health setting.

PREFERRED QUALIFICATIONS:

Licensure/Certification: Registered Dietitian; Registered Professional Nurse; CHES
Current status as an International Board Certified Lactation Consultant (IBCLC) or
Certified Lactation Counselor (CLC)

Two years of professional experience in the provision of nutrition or nursing services,
one of which was in a community health setting.

AD:28-COUNTY ASSETS FORM



COUNTY ASSETS

Report Period:

District/County	Program	Serial #	Asset Description	Condition & Use of Equipment	Location	Purchase Amount	Funding Source	Purchase Date	Who Holds Title	Date of Disposal	Sale Price if sold

AD-29: SURPLUS PROPERTY AFFIDAVIT OF DISPOSAL

GA Department of Administrative Services
Surplus Property Division
200 Piedmont Ave. Ste. 1802 West
Atlanta, GA 30330-9010



Surplus Property Affidavit of Disposal

Disposal Authorization No.

Disposal Authorization Date:

Agency:

Location Address:

City:

GA, Zip:

Destruction Affidavit

I, _____ do hereby certify that on _____ that the property listed on

Disposal Authorization # _____

(Check only one)

- was rendered totally unserviceable by destruction;
- was removed for destruction/disposal by.

Company

Signature

Signed this _____ day of Month, Year in _____ County, GA.

Signature: _____

Print Name: _____ Title: _____

Witness Affidavit

I, _____ do hereby certify that on _____ that I witnessed the destruction or removal the property listed above.

Signed this _____ day of Month, Year in _____ County, GA.

Signature: _____

Print Name: _____ Title: _____

This Affidavit of Disposal must be attached to the corresponding Disposal Authorization. The completed affidavit must be returned to the GA DOAS Surplus Property Division within 14 days from date of authorization. Affidavits not returned within 14 days will be voided.

(For field description help, select the field then press F1)

Rev. 11/10

AD-30 MISSING OR STOLEN PROPERTY REPORT

Missing or Stolen Property Report

- ◆ Since the final disposition of missing or stolen property is unknown, DOAS Surplus Property Division cannot issue disposal authorization for these assets. This form is to document the loss for the agency property records.
- ◆ Missing or stolen property must be maintained on the agency's property record for two (2) years from the date the loss is reported. If the property is found or recovered in this period, the same asset ID number can be utilized.
- ◆ A police report must be filed for any property that is suspected stolen.

Report Date:

Agency Information (where property is located)			Property Information:	
Agency:			Item:	
Address			Make:	
City:	St.	Zip:	Model:	
Prop. Coord.:			Serial No.	
Phone No.:			Asset Tag No.	
e-Mail:			Other ID.:	
			Acq. Date:	Acq. Cost: \$
			Fund SCOA:	

Circumstances

Date Reported:	Reported by:
Property is assumed <input type="checkbox"/> missing or <input type="checkbox"/> stolen. Why?	
Where was the property last seen or used?	
Who was the last to see or use it?	
What steps have been taken to find/recover the property?	
If stolen, police report number:	
DOAS Risk Management notified: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Claim Number:	
Other details or comments:	

_____ _____ _____
 Property Custodian Signature Date Property Coordinator Signature Date Agency Fiscal/Admin Signature Date

AD-31: GA Dept. of Public Health Information Assets Data Eradication and Software Removal



**CERTIFICATION FORM
INFORMATION ASSETS DATA
ERADICATION AND SOFTWARE
REMOVAL**

I, _____ of _____
(TECHNICIAN) (PROGRAM, OFFICE, DISTRICT, COUNTY)

do hereby certify that on _____ at _____
(DATE) (LOCATION)

all DPH policies and procedures regarding the eradication of data and removal of software on information assets (i.e. computers, laptops, etc) listed below were followed, specifically the DPH procedure for information assets disposal, as described in the Asset Management Policy.

(LIST THE SERIAL NUMBERS AND STATE DECALS OF THE EQUIPMENT BELOW)

Description	Serial Number:	State Decal #

Signed this _____ day of _____, 20____, in _____, Georgia.

(ABOVE OIT TECHNICIAN OR DESIGNEE'S SIGNATURE)

Printed Name: _____

Title: _____

I certify that this process was carried out under my supervision/direction.

(DIRECTOR / ADMINISTRATOR'S SIGNATURE)

Printed Name: _____

Title: _____

Revised 6/27/11

AD-32: Property Removal Form



PROPERTY REMOVAL FORM
(Permission to REMOVE state property from a work site)

Date:			
Time Out			
Employee Name:		Employee Phone #	Program/Office/District/County:
Work Site Address (including Floor # and/or Cubicle Number – If applicable):			
LIST OF ITEMS TO BE REMOVED:			
Item Name:			
State purpose for removal:			
Item Make:		Item Model:	
Serial or Identification Number:	Decal Number:	Dell Inventory No:	
Jump Drives:	How many?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employee Name (Print)	Signature	Date	
Manager/Supervisor/Director (Print)	Approval Signature	Date	
Security Officer Name (Print)	Approval Signature	Date	
Date Returned:			
Time In:			
Employee Signature:		Manager/Supervisor/Director Signature	

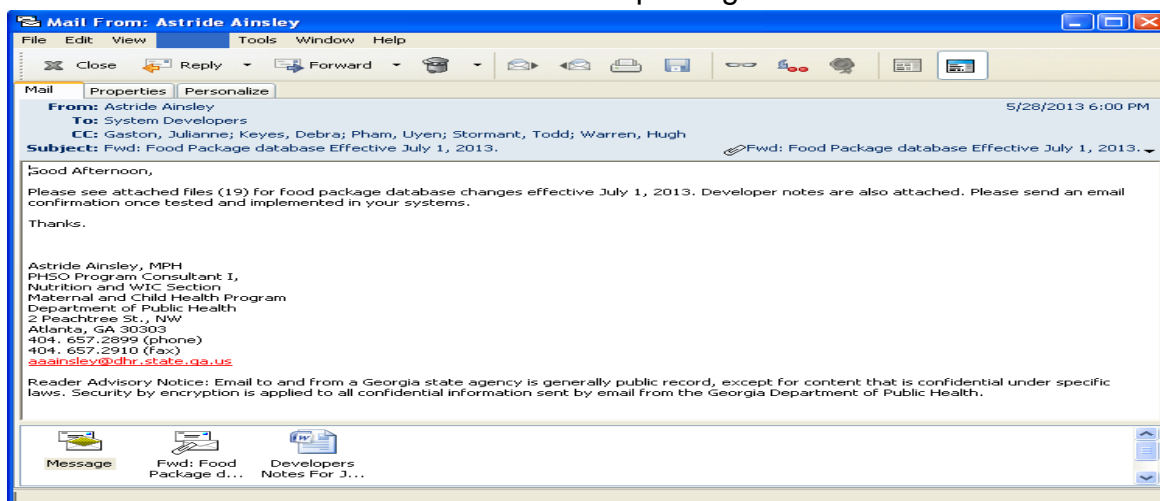
Form# AM01001A (Effective 7/1/2011)

**AD-33: Standard Operating Procedures for Infant Formula Rebate Changes
(Product Name Changes)**

Purpose: To ensure notification of the back-end contractor and four front end contractors when infant formulas change names

Staff Involved: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassandra Niblack), and Grant Accountant Supervisor (Jie Chang), Food Package Consultant (Julianne Gaston), Vendor Unit (Yvonne Rodgers), Program Technology Manager (Astride Ainsley), Deputy Director of Finance (Hugh Warren), WIC Systems Developers (Front end WIC Systems), Back End Data Processor (Covansys)

1. Once the state agency staff receives notification from the Infant Formula Manufacturer, the Food Package Consultant (FPC) updates the vouchers to include wording for both the old and new product name. The new voucher messages are entered into the Food Package Data Base.
2. Vendor Cost Containment Analyst (VCCA) converts the updated food package information into formats required by the front end systems (i.e.: excel, comma delimited, or pipe delimited). FPC prepares a summary of changes for developers which are sent with the food package files.
3. The updated food package files are sent via email to all four front end system developers and the back end data contractor. On the effective date the new files overwrite the current food package files.

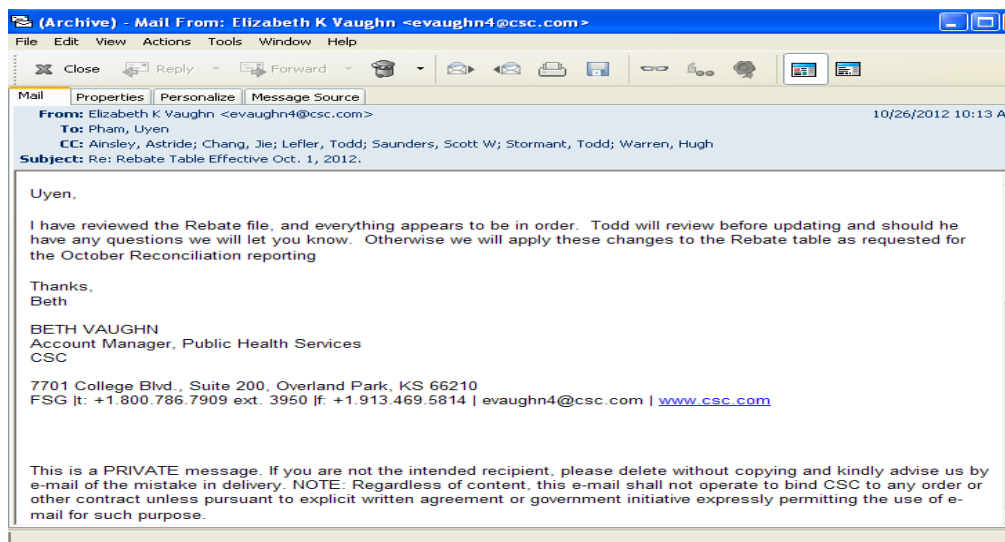


4. Nutrition staff prepares memos, hand-outs, trainings for WIC staff and participants, and the medical community about the product name change.

5. Vendor Staff notifies vendors of product name change and provides guidance as needed on anticipated transition time line.
6. The Program Technology Manager (PTM) ensures all of the WIC front-end system developers and the back-end contractor send confirmation that they successfully tested and implemented the new food package files in their system. PTM documents and retains history for all system infant formula rebate changes
7. The VCCA creates a new Rebate Table as shown below to reflect the new product names and highlights the changes in the table before sending to our back-end contractor.

Georgia WIC Program Infant Formula Rebate Table Effective October 1, 2012						
VC	Form	Contract Y/N	Number of Cans	Category	Rebate Amount/Can	Status
Good Start Gentle						
G01	P	Y	1	1	\$11.5065	
G02	P	Y	2	1	\$11.5065	
G03	P	Y	3	1	\$11.5065	
G04	P	Y	4	1	\$11.5065	
G05	P	Y	5	1	\$11.5065	
G06	P	Y	6	1	\$11.5065	
G07	C	Y	1	1	\$3.7691	
G08	C	Y	2	1	\$3.7691	
G09	C	Y	3	1	\$3.7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
G12	C	Y	13	1	\$3.7691	
G13	R	Y	14	1	\$1.6929	
G14	C	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
G17	C	Y	18	1	\$3.7691	
G18	C	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
G21	R	Y	24	8	\$0.5044	Inactive
G30	C	Y	12	1	\$3.7691	
G31	R	Y	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Y	7	1	\$1.6929	

8. Once the new Rebate Table is received the back end-data contractor sends the state agency an email confirmation. Program Technology Manager maintains history of updates.



- During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the contractor is notified and generates a corrected report.

PROD. 04/12/13
AS OF 03/31/13
GERBER

GEORGIA WIC PROGRAM
INFANT FORMULA REBATE REPORT
FOR THE REDEEMED MONTH OF MARCH 2013

PAGE 1
R098 130151-04

REDEEMED MONTH BILLING SUMMARY

TYPE	DESCRIPTION	FORM	BILLABLE UNITS	BILLING RATE	TO BE BILLED	AMOUNT
1	GS GENTLE	CONCENTRATE	64,730	3.9091	253,036.04	
		POWDER	272,188	12.3165	3,352,403.50	
		RTF	926	1.82229	1,688.01	
		POWDER	90	16.7694	1,509.25	
2	GS GENTLE 2	CONCENTRATE	14,540	13.9010	56,720.54	
3	GS SOY	POWDER	39,409	12.7464	502,322.88	
		RTF	211	1.7309	365.22	
4	GS SOY 2	POWDER	230	16.5566	480.14	
6	GS SOOTHE	POWDER	77,652	12.7554	990,482.32	
MARCH 2013 REDEEMED MONTH TOTAL			469,775		\$ 5,159,007.90	

-- END OF REPORT --

- Once the market is completely saturated with the new product Steps 1-3 and 6 above are repeated to remove the old product name from the vouchers.
- Record Retention - Pursuant to 7 CFR 246.25(a)(2) and 2 CFR § 200.333, Retention requirements for records, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.

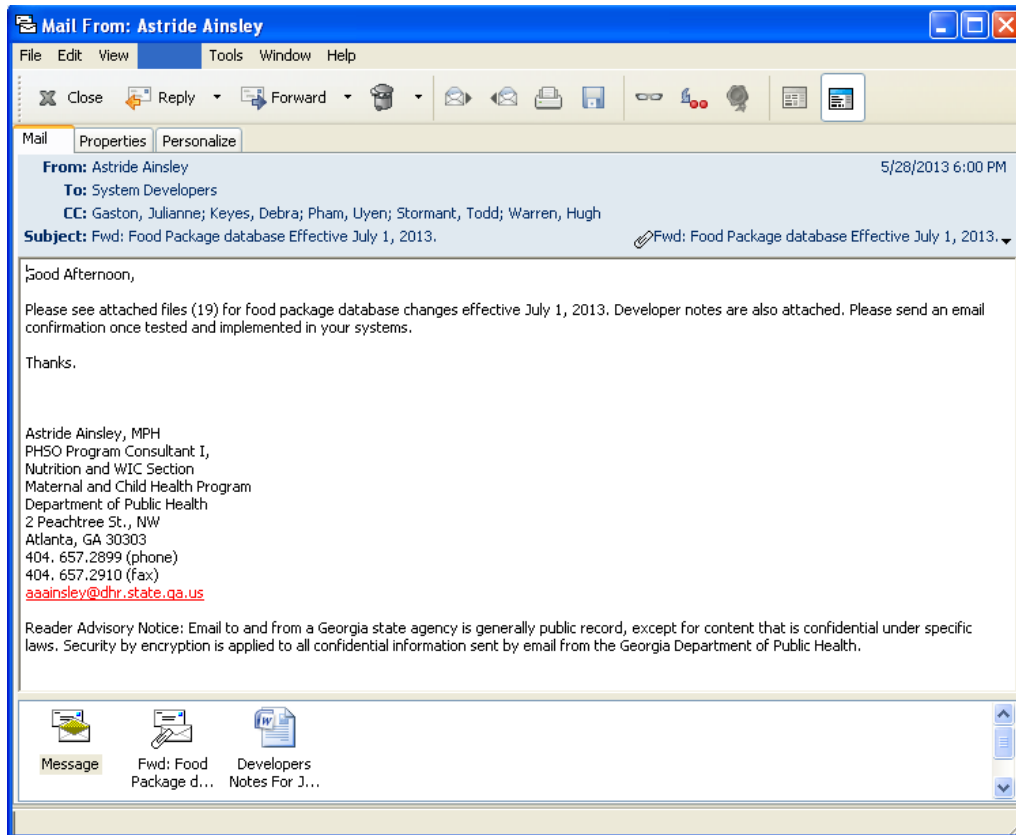
- a. All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Program Technology Manager in a paper file.
- b. The Food Package Data Base is retained electronically by the FPC and the Vendor Cost Containment Analyst. The VCCA will retain the converted updated food package formatting information electronically. The FPC will retain the summary of changes for the Developers.
- c. The front end systems and back end data processor will retain the updated food package files electronically.
- d. The FPC will retain electronically WIC staff and participant information.
- e. The Vendor unit will retain all vendor notification correspondence.
- f. The PTM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
- g. The VCCA will retain the new Rebate Tables forwarded to the back-end contractor electronically.
- h. The PTM will retain manually the back-end contractor's new Rebate Table confirmation.
- i. The VCCA will retain the review of the Rebate table electronically.

Standard Operating Procedures for Infant Formula Rebate Changes (Package Size changes)

Purpose: To ensure notification of the back-end contractor and all front end contractors when infant formulas change package sizes.

Staff Involved: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassandra Niblack), and Grant Accountant Supervisor (Jie Chang), Nutrition Unit Food Package Consultant (Julianne Gaston), Vendor Unit (Yvonne Rodgers), Program Technology Manager (Astride Ainsley), Deputy Director of Finance (Hugh Warren), WIC Systems Developers (Front end WIC Systems), Back End Data Processor (Covansys)

1. Once the state agency staff receives notification from the Infant Formula Manufacturer, the Food Package Consultant (FPC) reviews the anticipated changes to identify if adjustments are needed to ensure Federal Food Package Issuance Guidelines are met. If required the FPC updates the vouchers to include wording for both the old and new can sizes. New vouchers may be necessary when the number of units of formula being issued per month differs from the old package size to the new package size. The new voucher messages are entered into the Food Package Data Base.
2. Vendor Cost Containment Analyst (VCCA) converts information entered into the updated food package database into formats required by the front end systems (i.e.: excel, comma delimited, or pipe delimited). FPC prepares a written summary of changes for front end systems developers which are sent with the food package files.
3. Nutrition staff prepares memos, hand-outs, trainings for WIC staff and participants, and the medical community about the package size change.
4. Vendor Unit Staff notifies vendors of package size change and provides guidance as needed on changes to inventory requirements as needed.
5. The updated food package files are sent via email to all front end system developers and the back end contractor developer. On the effective date the new files overwrite the current food package files.

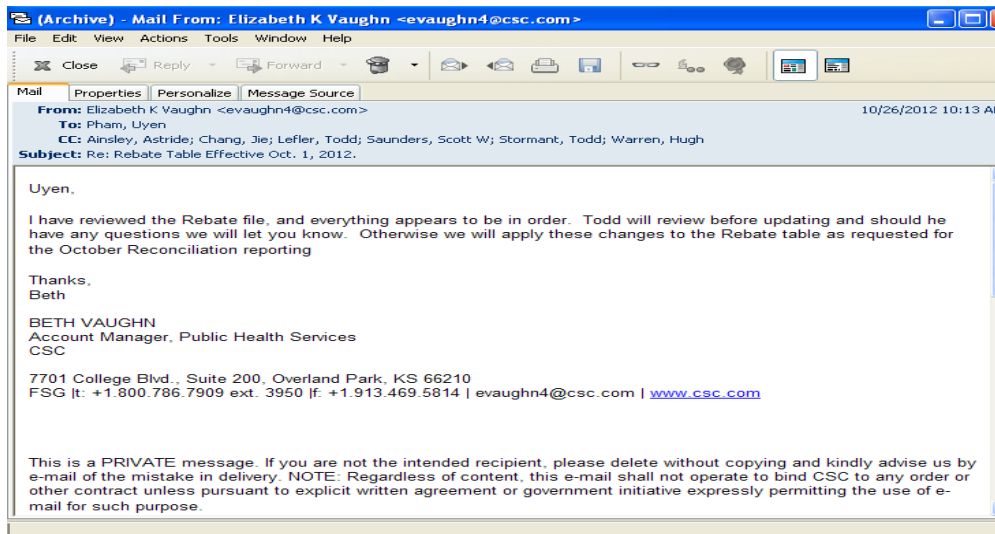


6. The Program Technology Manager (PTM) ensures all of the front-end WIC system developers and the back-end data contractor send confirmation that they successfully tested and implemented the new food package files in their system. PTM documents and retains history for all system infant formula rebate changes.

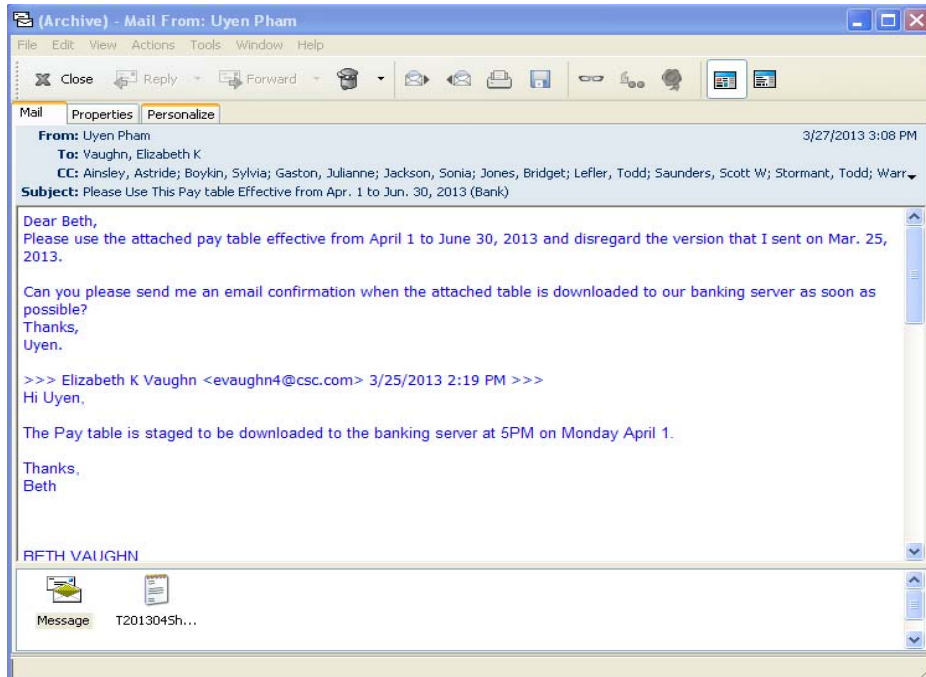
- The VCCA creates a New Rebate Table as shown below to reflect the new voucher codes and highlights the changes in the table before sending to the back-end data contractor.

Georgia WIC Program Infant Formula Rebate Table Effective October 1, 2012						
VC	Form	Contract Y/N	Number of Cans	Category	Rebate Amount/Can	Status
		Good Start Gentle				
G01	P	Y	1	1	\$11.5065	
G02	P	Y	2	1	\$11.5065	
G03	P	Y	3	1	\$11.5065	
G04	P	Y	4	1	\$11.5065	
G05	P	Y	5	1	\$11.5065	
G06	P	Y	6	1	\$11.5065	
G07	C	Y	1	1	\$3.7691	
G08	C	Y	2	1	\$3.7691	
G09	C	Y	3	1	\$3.7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
G12	C	Y	13	1	\$3.7691	
G13	R	Y	14	1	\$1.6929	
G14	C	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
G17	C	Y	18	1	\$3.7691	
G18	C	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
G21	R	Y	24	8	\$0.5044	Inactive
G30	C	Y	12	1	\$3.7691	
G31	R	Y	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Y	7	1	\$1.6929	

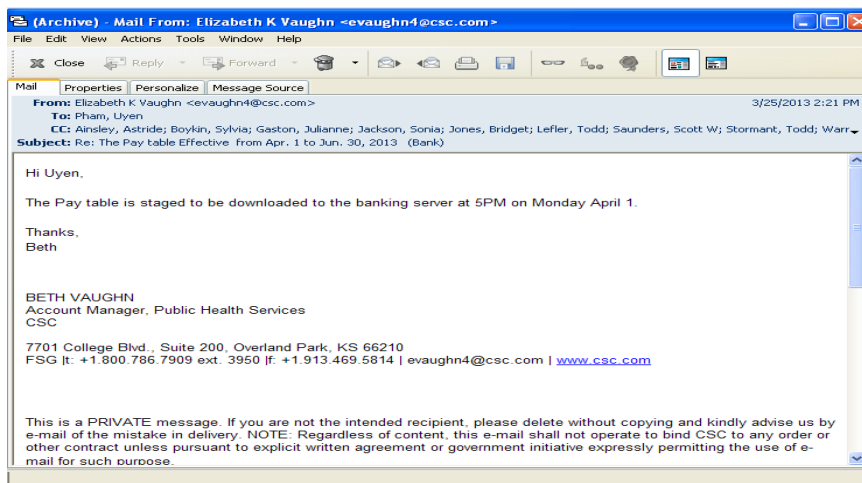
- Once the new Rebate Table is received the back-end data contractor sends the state agency an email confirmation. System Unit Manager maintains history of updates.



- If new vouchers were added, the VCCA makes the updates to the Maximum Reimbursement Level (MARL) Table which is forwarded to the WIC banking contractor on or before the effective date.



- The WIC Banking Contractor sends confirmation of receipt of MARLS Table. Program Technology Manager documents and retains history for all system changes made by the back-end data contractor.



11. During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the back-end data contractor is notified and generates a corrected report.

PROD. 04/12/13 AS OF 03/31/13 GERBER		GEORGIA WIC PROGRAM INFANT FORMULA REBATE REPORT FOR THE REDEEMED MONTH OF MARCH 2013			PAGE 1 R098 130151-04
REDEEMED MONTH BILLING SUMMARY					
TYPE	DESCRIPTION	FORM	BILLABLE UNITS	BILLING RATE	AMOUNT TO BE BILLED
1	GS GENTLE	CONCENTRATE	64,730	3.9091	253,036.04
		POWDER	272,188	12.3165	3,352,403.50
		RTF	926	1.8229	1,688.01
2	GS GENTLE 2	POWDER	90	16.7694	1,509.25
3	GS SOY	CONCENTRATE	14,540	3.9010	56,720.54
		POWDER	39,409	12.7464	502,322.88
		RTF	211	1.7309	365.22
4	GS SOY 2	POWDER	29	16.5566	480.14
6	GS SOOTHE	POWDER	77,652	12.7554	990,482.32
MARCH	2013	REDEEMED MONTH TOTAL	469,775		\$ 5,159,007.90
-- END OF REPORT --					

12. When the vouchers contain a different number of cans for old package size than for the new package size (i.e. 3- 12.1 oz cans or 2- 12.9 oz cans), then the above process (Steps 1-9) will need to be repeated. In Phase One, the vouchers are updated to include both the old package size and the new package size. This must be done prior to any vouchers being issued for the month in which the new product is expected to begin arriving in the stores. The Second Phase, changes the number of units being claimed for rebate starting with the month that the state and the manufacturer have predetermined to be the point at which the market will be 50% saturated with the new product size.
13. Once the market is completely saturated with the new product Steps 1, 2, 5 and 6 above are repeated to remove the old package size from the vouchers.
14. Record Retention - Pursuant to 7 CFR 246.25(a)(2) and 2 CFR § 200.333, Retention requirements for records, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.

- a. All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Program Technology Manager in a paper file.
- b. The Food Package Data Base is retained electronically by the FPC and the Vendor Cost Containment Analyst. The VCCA will retain the converted updated food package formatting information electronically. The FPC will retain the summary of changes for the Developers.
- c. The front end systems and back end data processor will retain the updated food package files electronically.
- d. The FPC will retain electronically WIC staff and participant information.
- e. The Vendor unit will retain all vendor notification correspondence.
- f. The PTM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
- g. The PTM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
- h. The VCCA will retain the new Rebate Tables forwarded to the back-end contractor electronically.
- i. The PTM will retain manually the back-end contractor's new Rebate Table confirmation.
- j. The VCCA will retain the new Maximum Reimbursement Level (MARL) Tables forwarded to the back-end contractor electronically.
- k. The PTM will retain manually the back-end contractor's new MARL Table confirmation.
- l. The VCCA will retain the review of the Rebate table electronically.

AD-33: Standard Operating Procedures for Infant Formula Rebate Changes (Rate Changes)

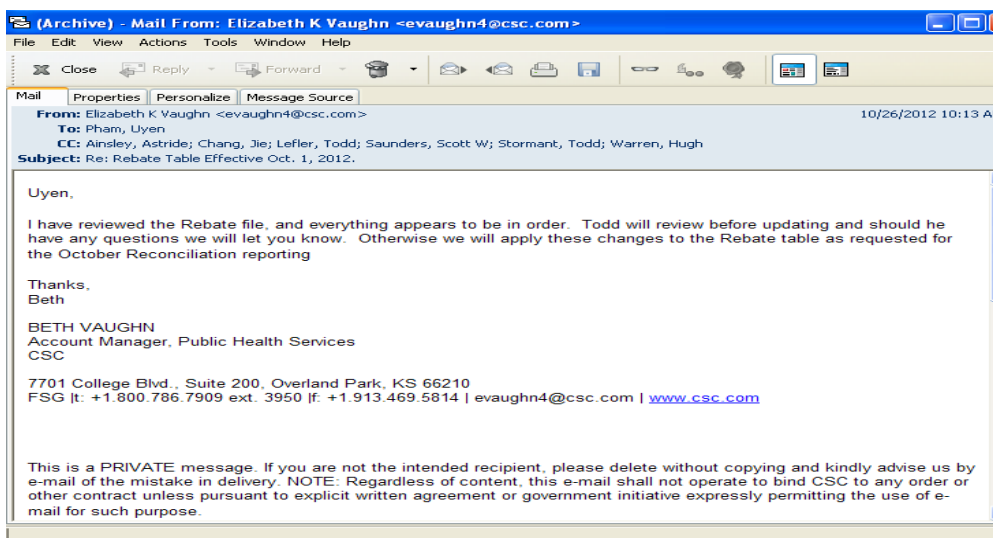
Purpose: To ensure notification of banking contractor when changes are made to infant formula rebate rates.

Staff Involved: Vendor Cost Containment Analyst (Uyen Pham), Revenue Accountant (Cassandra Niblack), and Grant Accountant Supervisor (Jie Chang), Back-end Data Processor (Covansys), Deputy Director for Finance (Hugh Warren), Program Technology Manager (Astride Ainsley)

1. Once the state agency staff receives notification from the Infant Formula Manufacturer, the Vendor Cost Containment Analyst (VCCA) creates a new Rebate Table as shown below to reflect the new rebate rates and highlights the changes in the table before sending to our back-end contractor.

Georgia WIC Program Infant Formula Rebate Table Effective October 1, 2012						
VC	Form	Contract Y/N	Number of Cans	Category	Rebate Amount/Can	Status
Good Start Gentle						
G01	P	Y	1	1	\$11.5065	
G02	P	Y	2	1	\$11.5065	
G03	P	Y	3	1	\$11.5065	
G04	P	Y	4	1	\$11.5065	
G05	P	Y	5	1	\$11.5065	
G06	P	Y	6	1	\$11.5065	
G07	C	Y	1	1	\$3.7691	
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G09	C	Y	3	1	\$3.7691	
G10	R	Y	10	1	\$1.6929	
G11	R	Y	1	1	\$1.6929	
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G13	R	Y	14	1	\$1.6929	
G14	C	Y	16	1	\$3.7691	
G15	R	Y	10	8	\$0.5044	Inactive
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G18	C	Y	19	1	\$3.7691	
G19	R	Y	12	1	\$1.6929	
G20	R	Y	2	1	\$1.6929	
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G31	R	Y	3	8	\$0.5044	Inactive
G32	R	Y	2	1	\$1.6929	Inactive
G33	R	Y	2	8	\$0.5044	Inactive
G34	R	Y	7	1	\$1.6929	

2. Back-end Data Processor confirms receipt of the new Rebate Table by sending the state agency an email confirmation to the VCCA and Program Technology Manager (PTM). PTM maintains history of updates.



- During the second week of the month following the effective date of a new Rebate Table, the Grant Accountant Supervisor (GAS) and the VCCA review the Infant Formula Rebate Report (R098) to ensure all information is correct on the report. If not, the contractor is notified and generates a corrected report.

PROD. 04/12/13 AS OF 03/31/13 GERBER		GEORGIA WIC PROGRAM INFANT FORMULA REBATE REPORT FOR THE REDEEMED MONTH OF MARCH 2013			PAGE 1 R098 130151-04
REDEEMED MONTH BILLING SUMMARY					
TYPE	DESCRIPTION	FORM	BILLABLE UNITS	BILLING RATE	AMOUNT TO BE BILLED
1	GS GENTLE	CONCENTRATE	64,730	3.9091	253,036.04
		POWDER	272,188	12.3165	3,352,403.50
		RTF	926	1.8229	1,688.01
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4	GS SOY 2	POWDER	29	16.5566	480.14
6	GS SOOTHE	POWDER	77,652	12.7554	990,482.32
MARCH 2013 REDEEMED MONTH TOTAL			469,775		\$ 5,159,007.90
-- END OF REPORT --					

- Record Retention - Pursuant to 7 CFR 246.25(a)(2) and 2 CFR § 200.333, Retention requirements for records, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
 - All notices from the Infant Formula Manufacturer will be retained by the Infant Formula Rebate (IFR) Contract business owner (Deputy Director of Finance) in a paper file and by the Program Technology Manager in a paper file.

- b. The VCCA will retain the new Rebate Rate tables electronically.
- c. The PTM will retain all front end system and back-end developer confirmations of successfully tested and implemented food package files manually.
- d. The VCCA will retain the review of the Rebate table electronically.

Standard Operating Procedures for Preparation of Infant Formula Rebate Invoice

Purpose: To ensure Infant Formula Rebate Invoice is prepared correctly and processed in a timely manner.

Staff Involved: Vendor Cost Containment Analyst (Uyen Pham), Accounts Revenue Accountant (Cassandra Niblack), and Grant Accountant Supervisor (Jie Chang), Deputy Director of Finance (Hugh Warren), Director of Grant Management (Kathleen Robison), Back End Data Processor (Covansys)

Prepare Infant Formula Rebate Invoice

1. Once the Infant Formula Rebate Report is received from the back end contractor for the prior month's rebates, the Grant Accountant Supervisor (GAS) verifies the correctness of the report against and verifies any changes to rebate rate, billable units, product name and unit size has been applied correctly.
2. The GAS transfers the billable unit data from Infant Formula Rebate Report to the Rebate Invoice Worksheet. The report is reconciled with the Infant Formula Rebate Report by total amount and total billable units. If discrepancy appears, it is analyzed to determine why. The GAS contacts the Vendor Cost Containment Analyst (VCCA) to determine if changes need to be made to the rebate tables. The Deputy Director over finance notifies the back end developer of the discrepancies and the need to generate an update Infant Formula Rebate Report to correct errors. The GAS prepares rebate invoice with the correct billable rates.
3. The invoice is turned into to the Director of Grant Management (DGM) for approval. After approval, the GAS sends the invoice and the invoice worksheet as a PDF file via email to the Formula Contract Manufacturer WIC Administrator for payment. The invoice is sent on the same day it was approved. Payment term is Net: 30 days.

4. The GAS delivers a copy of the signed Infant Formula Rebate Invoice to Accounts Revenue Accountant.
5. Accounts Revenue Accountant enters the rebate invoice into PeopleSoft and reviews monthly Accounts Revenue aging report to determine that full payment was received on time.
6. All related Infant Formula Rebate documents must be retained for a minimum of five (5) years plus current Federal fiscal year.
7. Record Retention - Pursuant to 7 CFR 246.25(a)(2) and 2 CFR § 200.333, Retention requirements for records, Georgia WIC will retain Infant Formula Rebate (IFR) contract records for a minimum of three years following the date of submission of the final expenditure report for the period to which the report pertains. If any litigation, claim, negotiation, audit or other action involving the records has been started before the end of the three-year period, the records shall be kept until all issues are resolved, or until the end of the regular three year period, whichever is later.
 - a. The back-end contractor will retain electronic files of the Infant Formula Rebate Reports.
 - b. The Grant Accountant Supervisor (GAS) will retain his monthly rate reconciliation to these reports. Any requested corrections will be retained by the Deputy Director manually. The Deputy Director, GAS and back-end processor will retain the corrections issued manually and electronically as they choose.
 - c. The GAS will retained all approved, submitted invoices and invoice worksheets electronically and/or manually.
 - d. The Accounts Revenue Accountant will retain all source documentation electronically and/or manually used to enter the state general ledger system PeopleSoft.

AD-34: Procedures for Estimating Food Obligations

The Georgia WIC program uses the WIC Monthly Financial Management and Participation Report (FNS-798) to report estimated food obligations. Food obligations are determined as follows:

I. Initial Projected Participant Caseload

Georgia WIC assigns an initial participant caseload target for the state. This caseload is based on the prior year’s projected ending caseload at a point in time and increased to a level that Georgia WIC estimates to be attainable. For example, FFY 2014 Participant Caseload was projected as follows:

Projected FFY 2014 Caseload Target

Description	Amount
Total Participation per 07/2013 798, line 18	289,196
Increased participation by 3.0%	297,872

Staff making the initial projection will use historical trend analysis as appropriate. When current trends do not conform to the historical trends, staff will have to use professional judgment in making the projection. In the above projection, historical trends for Georgia participation caseloads have shown an overall decline of approximately 11% from FFY 2009 through July 2013. These trends are tracked through the WIC Participation by Federal Fiscal Year report (see attachment 1) Since the goal is to grow participation, staff will have to determine an appropriate growth rate for the projection in a period of participant decline. This will be done by the WIC Finance Manager in consultation with appropriate staff. When making this decision, the growth rate should be reasonable and possible. The growth rate of 3% was chosen here for those reasons.

Finally, the initial participant caseload projection may differ from the one included in the state plan. This is necessary to insure that the projected participant caseload used for the initial projection reflects a realistic projected cost. The caseload in the state plan is used as an overall organizational goal.

II. Initial Projected Food Package Cost (FPC)

Georgia WIC assigns an initial food package cost (FPC) for the state. The FPC is based on the prior year’s projected ending FPC at a point in time and increased for a reasonable inflation factor. For example, FFY 2014 FPC was projected as follows:

Projected FFY 2014 Food Package Cost

Description	Amount
Adjusted Gross Obligations per 07/2013 798, line 1	214,377,629
Total Participation per 07/2013 798, line 18	<u>3,470,357</u>
Projected FFY 2013 Food Package Cost (including rebate)	\$ 61.7739
Projected Inflation Rate (August CPI 1.4%)	3.00%
Projected FFY 2014 Food Package Cost (including rebate)	<u>\$ 63.6271</u>

Staff making this projection will have to determine an appropriate inflation rate. Data such as the Consumer Price Index should be considered. However, staff will have to use professional judgment in choosing an appropriate inflation rate. An inflation rate was chosen here assuming that as the economy improves consumer prices will increase. When making this type of decision, the inflation rate chosen should be reasonable and possible.

Finally, staff may estimate either the FPC including rebate or the FPC after rebate. Either FPC estimate will be needed in the initial FNS-798. Completion of the projection will require an aggregate rebate estimate which will be used to extrapolate the other FPC.

III. Calculation of Adjusted Gross Obligations

Once the Georgia WIC has developed its initial projected participant caseload and its initial projected FPC, arriving at a projected year-end total adjusted gross obligation is calculated by multiplying the two projections and then by multiplying the product by 12 months. See below.

Projected FFY 2014 Adjusted Gross Obligations

Description	Amount
Projected FFY 2014 Caseload Target	297,872
Projected FFY 2014 Food Package Cost (including rebate)	\$ 63.6271
Projected FFY 2014 Adjusted Gross Obligations	<u>\$ 227,432,778</u>

Once the fiscal year's adjusted gross obligations are calculated in the aggregate, Georgia WIC reports monthly through the FNS 798 on the status of that projection. The next section of these procedures explains how the initial FNS 798 is prepared and how it is updated monthly for changes in program operations and data.

WIC Financial Management and Participation Report (FNS-798) Preparation

I. Initial Report Preparation

Together, Georgia WIC and the Georgia Department of Public Health, Division of Finance staff will prepare the initial FNS-798 for submission at the beginning of the federal fiscal year. The staff assigned this job duty are the WIC Finance Manager, the WIC Financial Analyst and the Finance Grant Accountant. The initial FNS-798 is prepared by using the total projected adjusted gross obligations amount and projecting each month its share of that amount to complete the report. A number of data sources and analyses are used by the staff to accomplish this.

- a. **Data Sources and Analyses** – used to complete the FNS-798 are listed below:
 1. Prior federal fiscal year FNS-798 – used to develop monthly participation by total monthly participation and participant feeding type. See attachment 1.
 2. Revised Participation Summary by Clinic (Georgia WIC Information System (GWIS) Report – R169) – used to track monthly participation by participation feeding type. Feeding types include: pregnant women, postpartum women, fully breastfeeding women, partially breastfeeding women, fully breastfeeding infants, partially breastfeeding infants, fully formula fed infants and children. This report accumulates the feeding data by issue month, 30-day month and closeout month. See attachment 2.
 3. Infant Formula Rebate Report – Billing Summary (GWIS Report – R098) – used to track monthly formula contract redemptions eligible for rebate. See attachment 3.
 4. Gerber Monthly Infant Formula Rebate Invoice – used to project monthly rebates. See attachment 4.
 5. Initial Projection Participant Worksheet – used to prorate total monthly participation and participants by feeding type. See attachment 5.
 6. Georgia WIC Program Caseload management Sensitivity Analysis/Financial Report.
- b. **Step One** – Allocation of Projected FY Participant Caseload by Month
 1. The WIC Financial Analyst will allocate the initial projected participant caseload by month.
 2. In doing this, the allocation of the initial projected participant caseload will be allocated on a straight-line basis assuming that the projected growth rate will occur evenly throughout the year. This requires the WIC Financial Analyst to extrapolate the projected participant growth from an annual rate to a monthly rate so that the year-end average projected participant caseload is reached. In the following example, the WIC Financial Analyst will have to extrapolate a monthly growth rate of approximately 0.54% for the year-end average projected participant caseload of 297,872 to be achieved.

Initial Projection Participant Worksheet

FFY 2013 Avg	289,196
Monthly Growth Rate Necessary to Reach Initial Projected Participant Caseload	0.535792%

Month	Monthly Participation	Monthly Growth Rate
October	289,196	
November	290,745	0.54%
December	292,303	0.54%
January	293,869	0.54%
February	295,444	0.54%
March	297,027	0.54%
April	298,618	0.54%
May	300,218	0.54%
June	301,827	0.54%
July	303,444	0.54%
August	305,070	0.54%
September	306,705	0.54%

Initial Projected Participant Caseload Aver 297,872.17 3.00%

Initial Projected Participant Caseload 297,872

c. **Step Two** – Allocation of Projected FY Participant Caseload by Feeding Type

1. Next, the WIC Financial Analyst will allocate the monthly participation by feeding type.
2. In doing this, the allocation of monthly participation to feeding type will be based on the prior fiscal year’s ending allocation feeding type allocation. In the following example, the WIC Financial Analyst will allocate the monthly participation by feeding type according to each feeding type’s pro rata share of the prior year’s total participation. The total monthly pro rata allocation by feeding type should total to the initial Projected Participant Caseload, excluding rounding error. In this case the total equals 297,282 as projected.

Initial Projection Participant Worksheet

Description	Participation	Women Pregnant	Fully Breastfed	Partially Breastfed	Post Partum	Infant Fully Breastfed	Infant Partially Breastfed	Infant Fully Formula	Children	Total
FFY 2013 Avg	289,196									
% Feeding Type										
Monthly Growth Rate Necessary to Reach Initial Projected Participant Caseload	0.535792%									
FFY 2013 Avg	289,196	21,724	5,400	14,076	28,518	4,143	12,984	50,104	152,248	289,197
Month	Monthly Participation	7.5119%	1.8674%	4.8673%	9.8610%	1.4325%	4.4896%	17.3252%	52.6451%	100.0000%
October	289,196	21,724	5,400	14,076	28,518	4,143	12,984	50,104	152,248	289,197
November	290,745	21,840	5,429	14,151	28,670	4,165	13,053	50,372	153,063	290,743
December	292,303	21,958	5,458	14,227	28,824	4,187	13,123	50,642	153,883	292,302
January	293,869	22,075	5,488	14,303	28,978	4,210	13,194	50,913	154,708	293,869
February	295,444	22,193	5,517	14,380	29,134	4,232	13,264	51,186	155,537	295,443
March	297,027	22,312	5,547	14,457	29,290	4,255	13,335	51,461	156,370	297,027
April	298,618	22,432	5,576	14,535	29,447	4,278	13,407	51,736	157,208	298,619
May	300,218	22,552	5,606	14,613	29,604	4,301	13,479	52,013	158,050	300,218
June	301,827	22,673	5,636	14,691	29,763	4,324	13,551	52,292	158,897	301,827
July	303,444	22,794	5,667	14,770	29,923	4,347	13,623	52,572	159,748	303,444
August	305,070	22,917	5,697	14,849	30,083	4,370	13,696	52,854	160,604	305,070
September	306,705	23,039	5,727	14,928	30,244	4,394	13,770	53,137	161,465	306,704
Initial Projected Participant Caseload Average	297,872.17	22,375.75	5,562.33	14,498.33	29,373.17	4,267.17	13,373.25	51,606.83	156,815.08	297,871.92
Initial Projected Participant Caseload	297,872									

d. **Step Three** – Allocation of Initial Projected Food Package Cost (FPC) by Month

1. Next, the WIC Financial Analyst will allocate the initial projected food package cost (FPC) by month.
2. In doing this, the allocation of the initial projected FPC will be done on a straight-line basis assuming that the projected growth (decline) will occur evenly throughout the year. This requires the WIC Financial Analyst to extrapolate the projected FPC from an annual rate to a monthly rate so that the year-end average projected caseload is reached. In the following example, the WIC Financial Analyst will have to extrapolate a monthly growth rate of approximately 0.54% for the year-end average projected FPC to be achieved.

FFY 2013 Avg	\$ 61.7739
Monthly Growth Rate Necessary to Reach Initial Projected FPC	0.535750%

Month	Monthly FPC	Monthly Growth Rate
October	\$ 61.7739	
November	\$ 62.1049	0.5400%
December	\$ 62.4376	0.5400%
January	\$ 62.7721	0.5400%
February	\$ 63.1084	0.5400%
March	\$ 63.4465	0.5400%
April	\$ 63.7864	0.5400%
May	\$ 64.1281	0.5400%
June	\$ 64.4717	0.5400%
July	\$ 64.8171	0.5400%
August	\$ 65.1644	0.5400%
September	\$ 65.5135	0.5400%
Initial Projected FFY 2014 FPC Average	\$ 63.6271	3.0000%
 Initial Projected FPC	 \$ 63.6271	

e. **Step Four – Rebate Estimates**

1. The WIC Financial Analyst will develop an aggregate infant formula rebate estimate for the fiscal year. In doing this, staff will use professional judgment about the anticipated amount of rebate. Again staff may use historical trend analysis as appropriate. However, when current trends do not conform to the historical trends, staff should consider current rebate contract activity to make their estimate. For example, Georgia WIC has seen an average annual rebate increase from 2011 to 2013 of approximately 25% (\$37.6 million in 2011 to \$56.7 million in 2013). Projecting another 25% increase for 2014 would estimate rebates at approximately \$71 million. While this may be possible, is it likely? Looking at the activity around the contract and more recent monthly data may be a better indicator of potential rebates. Given, during the last quarter of 2013, Georgia WIC made two improvements to its contract, increased product rebate rates and tighter billing procedures, the most recent monthly rebate activity may be better data with which to make an estimate. In the following example, since the first quarter of 2014 actual rebates reflect approximately \$16.9 million, the WIC Financial Analyst will estimate rebates of approximately \$67.6 million for FFY 2014 (\$16.9 x 4). A conservative estimate in the case of rebate will insure that the net federal obligations estimate on line 3 of the FNS-798 is not inappropriately understated.

Initial Projected Rebates

Description	Amount
FFY 2014 1st Quarter Infant Formula Rebates	\$ 16,898,940
Projected FFY 2014 Infant Formul Rebates	\$ 67,595,760

2. After making the aggregate rebate estimate, the WIC Financial Analyst will prorate the estimate by month. This allocation will be on an equal rate of growth per month after reflecting the first three months of actual rebates received that will be reported on the first monthly FNS-798. This is done so that the year-end anticipated rebate amount is achieved. See the example below. See the following example.

Initial Projected Rebates

Description	Amount
FFY 2014 1st Quarter Infant Formula Rebate	\$ 16,898,940
Projected FFY 2014 Infant Formula Rebates	<u>\$ 67,595,760</u>

Month	Monthly Rebates
October (actuals for August)	\$ 5,496,023
November	\$ 5,395,237
December	\$ 6,007,680
January	\$ 5,379,347
February	\$ 5,441,053
March	\$ 5,503,447
April	\$ 5,566,700
May	\$ 5,630,555
June	\$ 5,695,183
July	\$ 5,760,498
August	\$ 5,826,588
September	\$ 5,893,450
Initial Projected FY 2014 Rebates	<u>\$ 67,595,761</u>

Initial Projected FPC \$ 67,595,760

Rebates are accumulated from formula redeemed data in GWIS. GWIS produces the monthly Infant Formula Rebate Report (GWIS Report – R098). After the data on this report is validated, the Finance Grants Accountant uses this report to produce the Monthly Infant Formula Rebate Invoice and submits it to the infant formula rebate contractor and copies appropriate Georgia WIC staff. Since the invoicing cycle for formula rebate is two months ahead of the FNS-798 reporting cycle, the above estimate should always include the first two months of actual rebates earned.

- f. **Step Four – Completion of the Georgia WIC Program Caseload Management Sensitivity Analysis/Financial Report**
 - 1. After allocating the projected FY participant caseload by feeding type, allocating the projected FPC by month and allocating the rebates by month, the WIC Financial Analyst will complete the Georgia WIC Program Caseload Management Sensitivity Analysis/Financial Report. This analysis is the basis for completing the initial projection and monthly FNS-798. This analysis also serves as the periodic detailed estimate of the adjusted gross obligations, line 1 of the FNS-798 and the periodic detailed estimate of rebates, line 2 of the FNS-798. Finally, this analysis details feeding type projections and FPC projections for internal management use.

2. Next, the WIC Financial Analyst will input the data developed in steps one through three and complete this analysis. See the sample Georgia WIC Program Caseload Management Sensitivity Analysis/Financial Report on the following page. In dealing with the volume of participants reflected in this report, rounding errors can amount to substantial sums. In this sample, there is a rounding error of \$0.0216. When multiplied by the 3,574,463 participants, the estimate for projected food expenses increase by \$77,138 to \$227,509,916. Since this is only an estimate and the rounding error amounts to only 0.03% of the total projection, the final projection will be estimated at \$227,509,916. As actual expenditures are recorded monthly, the rounding error will be eliminated.
3. The Georgia WIC Program Caseload Management Sensitivity Analysis/Financial Report will be the basis for the Initial Project FY 20XX FNS-798. As each month's business concludes, this initial report and that month's FNS-798 will be updated for actual costs and any necessary projection changes. The will be explained in another procedure.
4. This procedure provides guidance for staff to develop the initial: Adjusted Gross Obligations (line 1, FNS-798), Estimated Rebates (line 2, FNS-798) and Net Federal Obligations (line 3, FNS-798) and Total Participation (Line 18).

FFY 2014 GEORGIA WIC PROGRAM
Caseload Management Sensitivity Analysis/Financial Report

Part I - Financial Summary (FFY '14)

USDA Food Grant	\$178,054,966
Total Food Grant	\$178,054,966
Projected Rebate	67,595,761
Total Available	\$245,650,727
PROJECTED EXPENSE	\$ 227,509,916
PROJECTED PERCENTAGE	89.8117%
DIFFERENCE	\$18,140,811

Part II - Participation Breakdown (FFY '14)

Month	Proj Part		WOMEN						INFANTS AND CHILDREN						Projected Rebate	Avg FPC Including Rebate	Federal FPC Only
			Projected Expenses	Women Pregnant	Women Fully Breastfeeding	Women Partially Breastfeeding	Women Post Partum	Total Women	Infant Fully Breastfeed	Infant Partially Breastfeed	Infant Fully Formula	Total Infants	Total Children				
Oct, 2013	289,197	P	\$17,864,827	21,724	5,400	14,076	28,518	69,718	4,143	12,984	50,104	67,231	152,248	\$ 5,496,023	\$61.7739	\$ 42.7695	
Nov	290,743	P	\$18,056,565	21,840	5,429	14,151	28,670	70,090	4,165	13,053	50,372	67,590	153,063	\$ 5,395,237	\$62.1049	\$ 43.5482	
Dec	292,302	P	\$18,250,635	21,958	5,458	14,227	28,824	70,467	4,187	13,123	50,642	67,952	153,883	\$ 6,007,680	\$62.4376	\$ 41.8846	
Jan	293,869	P	\$18,446,774	22,075	5,488	14,303	28,978	70,844	4,210	13,194	50,913	68,317	154,708	\$ 5,379,347	\$62.7721	\$ 44.4668	
Feb	295,443	P	\$18,644,935	22,193	5,517	14,380	29,134	71,224	4,232	13,264	51,186	68,682	155,537	\$ 5,441,053	\$63.1084	\$ 44.6918	
Mar	297,027	P	\$18,845,324	22,312	5,547	14,457	29,290	71,606	4,255	13,335	51,461	69,051	156,370	\$ 5,503,447	\$63.4465	\$ 44.9181	
Apr	298,619	P	\$19,047,831	22,432	5,576	14,535	29,447	71,990	4,278	13,407	51,736	69,421	157,208	\$ 5,566,700	\$63.7864	\$ 45.1449	
May	300,218	P	\$19,252,410	22,552	5,606	14,613	29,604	72,375	4,301	13,479	52,013	69,793	158,050	\$ 5,630,555	\$64.1281	\$ 45.3732	
Jun	301,827	P	\$19,459,300	22,673	5,636	14,691	29,763	72,763	4,324	13,551	52,292	70,167	158,897	\$ 5,695,183	\$64.4717	\$ 45.6027	
Jul	303,444	P	\$19,668,360	22,794	5,667	14,770	29,923	73,154	4,347	13,623	52,572	70,542	159,748	\$ 5,760,498	\$64.8171	\$ 45.8334	
Aug	305,070	P	\$19,879,704	22,917	5,697	14,849	30,083	73,546	4,370	13,696	52,854	70,920	160,604	\$ 5,826,588	\$65.1644	\$ 46.0652	
Sept, 2014	306,704	P	\$20,093,253	23,039	5,727	14,928	30,244	73,938	4,394	13,770	53,137	71,301	161,465	\$ 5,893,450	\$65.5135	\$ 46.2981	
Avg Part	297,872			22,376	5,562	14,498	29,373	71,810	4,267	13,373	51,607	69,247	156,815		\$63.6271	\$44.7164	
Total	3,574,463		\$ 227,509,916	268,509	66,748	173,980	352,478	861,715	51,206	160,479	619,282	830,967	1,881,781	\$ 67,595,761	\$63.6487		

AD-35: Monthly Reconciliation Report

REPORT EWRR860G STATE OF GEORGIA WIC SYSTEM PAGE 1
 RECONCILIATION REPORT RUN DATE 08/11/14
 FOR THE MONTH OF JULY 14

REPORTS USED:
 MONTHLY REPORT OF FOOD EXPENDITURES SUMMARY
 BANK EXCEPTIONS
 UNMATCHED REDEMPTION
 BANK LISTING
 DISPLAYS FROM EWRJ10MG SYSOUT

(A) MONTHLY REPORT OF FOOD EXPENDITURES SUMMARY
 (ALSO DISPLAYED ON EWRJ30MG SYSOUT)

ISSUE MONTH			VOUCHERS CASHED	VALUE
JULY	14		589,733	\$10,480,651.09
- LATE MATCHED			1	\$ 505.92
30 DAY MONTH	JUNE	14	528,737	\$ 7,578,076.52
- LATE MATCHED			90	\$ 1,585.26
CLOSEOUT MONTH	MAY	14	12,733	\$ 161,395.09
- LATE MATCHED			171	\$ 2,608.19
SUBTOTAL:			1,130,941	\$18,215,423.33

UNMATCHED BANK REDEMPTIONS & BANK EXCEPTIONS
 (DOES NOT INCLUDE VOID/UNCLAIMED COUNTS)

(B) UNMATCHED BANK REDEMPTIONS - NO ISSUE			286	\$ 5,526.24
(C) EXCEPTION BANK REDEMPTIONS			159	\$ 9,237.03
(D) TOTAL EXPENDITURES:			1,131,386	\$18,230,186.60
(E) THIS TOTAL SHOULD EQUAL THE BANK LISTING TOTALS (EWRRO70G)			1,131,452	\$18,231,611.23
(F) IF NOT, OBTAIN A COUNT OF THE TRANSACTIONS NOT PROCESSED FROM THE SYSOUT DISPLAYS IN EWRJ30MG (NON-NUMERIC COUNTS)			0	
(G) MODIFIED BANK PROCESSED TOTAL:			1,131,452	\$18,231,611.23

IF (D) IS NOT EQUAL TO (G), CONTINUE TO PAGE 2

OF 07/01/14 BANK BALANCE REPORT MONTHLY REPORT 00
 JULY 2014

NO	SUSPECTED SOURCE NAME	CL	SYS	VOUCHER NUMBER	DATE REDEEMED	AMOUNT	ERROR MESSAGE			
.1	ROME	057	MM	20104907	07/09/14	6.00	MANL/VPOD	NOT	YET	ISSUED
		110	MM	01560901	07/14/14	81.51	MANL/VPOD	NOT	YET	ISSUED
				01575136	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				01575137	07/14/14	81.51	MANL/VPOD	NOT	YET	ISSUED
				01575138	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				01575139	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				01578820	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				01578821	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				01578822	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				04569077	07/14/14	52.29	MANL/VPOD	NOT	YET	ISSUED
				04569085	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569091	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569092	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569098	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569105	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569106	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569112	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				04569113	07/14/14	51.98	MANL/VPOD	NOT	YET	ISSUED
				04577572	07/14/14	53.00	MANL/VPOD	NOT	YET	ISSUED
				045842254	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				045842255	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				045842256	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				045842257	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				04593552	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				04593554	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				04593555	07/14/14	81.51	MANL/VPOD	NOT	YET	ISSUED
				045972259	07/14/14	96.36	MANL/VPOD	NOT	YET	ISSUED
				045972260	07/14/14	64.24	MANL/VPOD	NOT	YET	ISSUED
				045972261	07/14/14	96.36	MANL/VPOD	NOT	YET	ISSUED
				045972262	07/14/14	80.30	MANL/VPOD	NOT	YET	ISSUED
				045983550	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				045983551	07/14/14	81.51	MANL/VPOD	NOT	YET	ISSUED
				04601457	07/14/14	119.96	MANL/VPOD	NOT	YET	ISSUED
				04601460	07/14/14	119.96	MANL/VPOD	NOT	YET	ISSUED
				09860192	07/14/14	49.83	MANL/VPOD	NOT	YET	ISSUED
				09860193	07/14/14	52.47	MANL/VPOD	NOT	YET	ISSUED
				09871988	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
				09871989	07/14/14	108.68	MANL/VPOD	NOT	YET	ISSUED
.1	COBB	333	MM	06695448	07/14/14	16.06	MANL/VPOD	NOT	YET	ISSUED
				06695449	07/14/14	16.06	MANL/VPOD	NOT	YET	ISSUED
				11417056	07/14/14	96.10	MANL/VPOD	NOT	YET	ISSUED
				11417057	07/14/14	16.02	MANL/VPOD	NOT	YET	ISSUED
				11417058	07/14/14	16.02	MANL/VPOD	NOT	YET	ISSUED
				11417059	07/14/14	16.02	MANL/VPOD	NOT	YET	ISSUED
		486	MM	02196986	07/14/14	81.02	MANL/VPOD	NOT	YET	ISSUED
				02209122	07/14/14	95.24	MANL/VPOD	NOT	YET	ISSUED
				02209123	07/14/14	79.37	MANL/VPOD	NOT	YET	ISSUED
				02979864	07/14/14	51.21	MANL/VPOD	NOT	YET	ISSUED
				02992008	07/14/14	51.98	MANL/VPOD	NOT	YET	ISSUED
				05394503	07/14/14	91.22	MANL/VPOD	NOT	YET	ISSUED
				05408251	07/14/14	96.36	MANL/VPOD	NOT	YET	ISSUED
				05408253	07/14/14	96.36	MANL/VPOD	NOT	YET	ISSUED
				05408254	07/14/14	80.30	MANL/VPOD	NOT	YET	ISSUED
				09677551	07/14/14	52.53	MANL/VPOD	NOT	YET	ISSUED
				10938548	07/14/14	49.83	MANL/VPOD	NOT	YET	ISSUED
				10938549	07/14/14	49.83	MANL/VPOD	NOT	YET	ISSUED

REPORT NUMBER EWRRO70G

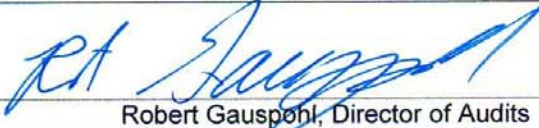
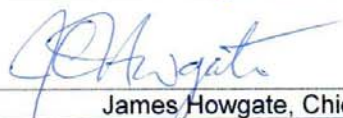
GEORGIA WIC PROGRAM
BANK TRANSACTION LISTING

VOUCHER NUMBER	DATE PAID	TXN CODE	REDEEMED AMOUNT	VOUCHER NUMBER	DATE PAID	TXN CODE	REDEEMED AMOUNT	VOUCHER NUMBER	DATE PAID	TXN CODE	REDEEMED AMOUNT	VOUCHER NUMBER	DATE PAID	TXN CODE	REDEEMED AMOUNT
00008442	07/08/14	4	18.68	04584254	07/14/14	4	108.68	05443168	07/03/14	4	7.68	05444179	07/09/14	4	15.00
00056842	07/16/14	4	12.55	04584255	07/14/14	4	108.68	05443169	07/03/14	4	6.38	05444185	07/17/14	4	15.04
00216529	07/01/14	4	10.00	04584256	07/14/14	4	108.68	05443170	07/03/14	4	8.28	05444186	07/10/14	4	7.54
00216530	07/01/14	4	22.18	04584257	07/14/14	4	108.68	05443197	07/03/14	4	12.83	05444187	07/10/14	4	9.54
00216531	07/01/14	4	17.38	04593552	07/14/14	4	108.68	05443198	07/03/14	4	13.25	05444194	07/09/14	4	14.33
00216532	07/01/14	4	10.74	04593554	07/14/14	4	108.68	05443211	07/10/14	4	5.10	05444198	07/17/14	4	6.00
00217434	07/01/14	4	8.08	04593555	07/14/14	4	81.51	05443212	07/03/14	4	12.93	05444200	07/10/14	4	6.86
00217435	07/01/14	4	12.75	04597259	07/14/14	4	96.36	05443214	07/10/14	4	15.06	05444201	07/17/14	4	12.64
00217436	07/01/14	4	4.08	04597260	07/14/14	4	64.24	05443295	07/07/14	4	15.53	05444202	07/17/14	4	6.86
00217960	07/01/14	4	6.00	04597261	07/14/14	4	96.36	05443311	07/02/14	4	6.00	05444236	07/03/14	4	9.66
00217961	07/01/14	4	11.36	04597262	07/14/14	4	80.30	05443312	07/02/14	4	7.95	05444237	07/03/14	4	47.97
00217964	07/01/14	4	7.37	04597263	07/14/14	4	96.10	05443327	07/02/14	4	13.19	05444299	07/03/14	4	16.93
00218103	07/01/14	4	10.37	04597264	07/14/14	4	80.08	05443330	07/02/14	4	12.67	05444301	07/09/14	4	14.66
00218104	07/03/14	4	9.00	04598350	07/14/14	4	108.68	05443359	07/07/14	4	8.38	05444375	07/07/14	4	13.07
01560901	07/14/14	4	81.51	04598351	07/14/14	4	81.51	05443476	07/03/14	4	6.16	05444403	07/03/14	4	10.00
01575136	07/14/14	4	108.68	04601457	07/14/14	4	119.96	05443542	07/02/14	4	16.36	05444407	07/03/14	4	7.06
01575137	07/14/14	4	81.51	04601460	07/14/14	4	119.96	05443562	07/08/14	4	4.98	05444421	07/03/14	4	6.86
01575138	07/14/14	4	108.68	04623291	07/02/14	4	12.86	05443665	07/02/14	4	13.07	05444431	07/03/14	4	10.00
01575139	07/14/14	4	108.68	04623292	07/02/14	4	5.68	05443708	07/03/14	4	4.35	05444432	07/08/14	4	9.14
01578820	07/14/14	4	108.68	04623293	07/02/14	4	7.64	05443710	07/09/14	4	13.25	05444433	07/08/14	4	13.11
01578821	07/14/14	4	108.68	04623294	07/02/14	4	13.27	05443711	07/03/14	4	8.68	05444434	07/08/14	4	16.90
01578823	07/14/14	4	108.68	04623342	07/01/14	4	10.00	05443738	07/08/14	4	5.98	05444435	07/08/14	4	7.06
01879628	07/01/14	4	8.94	04623547	07/07/14	4	17.99	05443754	07/10/14	4	11.00	05444445	07/03/14	4	5.83
01879629	07/01/14	4	8.04	04623548	07/07/14	4	9.37	05443756	07/07/14	4	7.64	05444446	07/08/14	4	12.44
01879630	07/01/14	4	6.46	04623589	07/09/14	4	9.54	05443849	07/03/14	4	22.54	05444447	07/03/14	4	15.04
01882640	07/08/14	4	17.14	04623590	07/09/14	4	1.96	05443850	07/03/14	4	10.28	05444448	07/03/14	4	7.64
02148207	07/07/14	4	95.82	04623593	07/09/14	4	15.04	05443951	07/03/14	4	4.69	05444449	07/03/14	4	9.54
02196986	07/14/14	4	81.02	04623626	07/02/14	4	9.78	05443877	07/03/14	4	5.67	05444488	07/10/14	4	2.48
02209122	07/14/14	4	95.24	04623627	07/02/14	4	15.26	05443878	07/03/14	4	9.17	05444506	07/09/14	4	5.99
02209123	07/14/14	4	79.37	04623728	07/03/14	4	3.85	05443879	07/03/14	4	17.36	05444507	07/09/14	4	18.15
02600189	07/01/14	4	3.88	04623729	07/03/14	4	9.64	05443881	07/03/14	4	13.07	05444510	07/07/14	4	9.23
02600374	07/01/14	4	8.86	04623730	07/03/14	4	6.00	05443900	07/09/14	4	8.08	05444513	07/28/14	4	16.65
02979864	07/14/14	4	51.21	04623731	07/03/14	4	2.66	05443945	07/02/14	4	49.85	05861805	07/02/14	4	10.87
02992008	07/14/14	4	51.98	04623732	07/03/14	4	11.75	05443946	07/02/14	4	49.85	05861807	07/02/14	4	9.45
03140453	07/02/14	4	8.98	04623743	07/03/14	4	3.68	05443948	07/02/14	4	29.91	05862041	07/03/14	4	12.64
03140454	07/02/14	4	7.47	04623744	07/03/14	4	4.88	05443986	07/03/14	4	5.98	05862084	07/03/14	4	11.98
03140456	07/02/14	4	16.56	04623866	07/11/14	4	9.03	05444028	07/07/14	4	17.76	05862085	07/03/14	4	6.86
03373919	07/21/14	4	117.00	04623887	07/09/14	4	2.78	05444029	07/07/14	4	11.47	05862120	07/08/14	4	21.46
04015680	07/21/14	4	10.00	04623917	07/03/14	4	11.67	05444046	07/02/14	4	8.58	05862121	07/08/14	4	11.08
04489689	07/14/14	4	5.52	04623918	07/03/14	4	6.00	05444047	07/02/14	4	14.56	05862172	07/03/14	4	8.64
04489690	07/14/14	4	6.37	05394503	07/14/14	4	91.22	05444059	07/11/14	4	5.84	05862190	07/03/14	4	7.16
04489691	07/02/14	4	13.97	05408251	07/14/14	4	96.36	05444061	07/11/14	4	13.12	05862191	07/02/14	4	20.52
04489693	07/10/14	4	11.05	05408253	07/14/14	4	96.36	05444062	07/11/14	4	8.32	05862193	07/03/14	4	7.06
04491162	07/16/14	4	6.86	05408254	07/14/14	4	80.30	05444063	07/11/14	4	9.54	05862248	07/01/14	4	9.39
04503750	07/21/14	4	79.85	05442972	07/09/14	4	5.76	05444088	07/10/14	4	12.26	05862249	07/01/14	4	9.42
04569077	07/14/14	4	52.29	05442973	07/09/14	4	11.33	05444123	07/09/14	4	5.35	05862251	07/01/14	4	9.66
04569085	07/14/14	4	53.00	05442975	07/09/14	4	8.08	05444124	07/02/14	4	14.23	05862414	07/03/14	4	6.46
04569091	07/14/14	4	53.00	05442976	07/18/14	4	13.07	05444125	07/02/14	4	14.36	05862417	07/03/14	4	15.90
04569092	07/14/14	4	53.00	05443013	07/10/14	4	6.86	05444126	07/02/14	4	8.08	05862418	07/03/14	4	9.16
04569098	07/14/14	4	53.00	05443027	07/09/14	4	16.30	05444139	07/02/14	4	8.46	05862418	07/03/14	4	7.06
04569105	07/14/14	4	53.00	05443138	07/09/14	4	2.43	05444153	07/10/14	4	5.06	05862430	07/11/14	4	13.16
04569106	07/14/14	4	53.00	05443140	07/09/14	4	6.28	05444154	07/10/14	4	10.13	05862432	07/11/14	4	7.64
04569112	07/14/14	4	53.00	05443141	07/09/14	4	8.68	05444155	07/10/14	4	15.76	05862444	07/01/14	4	5.87
04569113	07/14/14	4	51.98	05443142	07/03/14	4	12.07	05444156	07/10/14	4	8.88	05862445	07/09/14	4	7.98
04577572	07/14/14	4	53.00	05443166	07/03/14	4	4.32	05444172	07/09/14	4	8.00	05862446	07/01/14	4	6.86

AD-36: DPH Policy AU-02001



GEORGIA DEPARTMENT OF PUBLIC HEALTH
 POLICY # AU-02001
 EXTERNAL ENTITIES AUDIT STANDARDS AND
 SANCTIONS POLICY

Approval:		7/28/15
	Robert Gausponi, Director of Audits	Date
		7/28/15
	James Howgate, Chief of Staff	Date

1.0 PURPOSE

To ensure that those non-federal entities which receive funds from the Department of Public Health (DPH) conform to the standards and requirements imposed by federal and state law and by DPH's Contracts. Sanctions are imposed on those entities that do not comply with the standards and/or audit requirements.

1.1 AUTHORITY – The Georgia Department of Public Health (DPH) External Entities Audit Standards and Sanction Policy is published under the authority of DPH and in compliance with the following:

1.1.1 Official Code of Georgia Annotated (OCGA), Sections:

50-20-1 through 50-20-8 as amended, 1998 Legislative Session

Single Audit Act Amendments of 1996 (PL 104-156)

1.1.2 2 CFR Part 200

CFR Title 45, Part 75.501

CFR Title 7, Part 277.17 entitled *Audit Requirements*

Standards for Audit of Governmental Organizations, Programs, Activities and Functions

2.0 SCOPE

This policy applies to all non-federal entities which receive funds from the Department of Public Health (DPH).

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3.0 POLICY

Entities that contract with the Department must meet certain financial reporting requirements. These requirements are defined in: the Single Audit Act Amendment of 1996; 2 CFR Part 200.501; Contract Provisions; DPH Policy; and Title 50, Chapter 20, Sections 1 through 8 of the Official Code of Georgia Annotated. The requirements vary according to the dollar amount expended by the entity during its accounting year. The DPH Office of Audits and the Public Health Programmatic Officers/Business Owners have certain responsibilities that are delineated below. Several words and phrases are used in these procedures that may have meaning that is special to these procedures. These words and phrases are defined below along with the addresses of the Public Health Office of Audits and the State Department of Audits:

Public Health Office of Audits Public Health Office of Audits
 Two Peachtree Street, NW
 Suite 9-100
 Atlanta, Georgia 30303-3142

State Department of Audits: State Department of Audits and Accounts
 Professional Practices Division, Suite 214
 254 Washington Street, SW
 Atlanta, Georgia 30334-8400

4.0 DEFINITIONS

- 4.1 **Budget Category** - A numbering system used for budget and accounting purposes that corresponds to a specific program name. Numbers reduce chances of confusion with similar program names.
- 4.2 **Contractor's Fiscal Year** - The 12-month accounting period established by the entity as its business year, which is on file with the U.S. Internal Revenue Service as the basis for filing required for tax and Tax Exempt Status Returns.
- 4.3 **Entity** - An organization receiving funds from DPH exclusive of Public Health field offices.
- 4.4 **Expense Category** - A numbering system corresponding to a list of specific services within a Budget Category, where the amount of funds used to pay for the service are recorded for accounting purposes.
- 4.5 **Independent Auditor** –
 - 4.5.1 A Certified Public Accountant (CPA); or
 - 4.5.2 A Registered Public Accountant (RPA) licensed on or before December 31, 1970; or

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4.5.3 A government Auditor located outside the staff or line management function of the unit under audit.

To be independent, the auditor's relationship with the auditee is of such an "arm's length" nature so as to preclude any **appearance** of bias, or any obligation to or interest in the auditee, its management or its owners. Relationships or combinations of relationships with the auditee must not create any conflict of interest that impairs the auditor's integrity and objectivity with respect to the audit engagement. It is inappropriate in some circumstances for auditors to perform both audit and non-audit services for the same client.

4.5.4 **Major Program** - A federally funded program determined by the auditor to be a major program in accordance with 2 CFR Part 200, Section_.518 or a program defined as a major program by a federal agency.

4.5.5 **Non-Federal Entity** - A state, local government, or a nonprofit organization.

4.5.6 **Non-Profit Organization** - Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized primarily for profit; and uses its net proceeds to maintain, improve, or expand its operations.

4.5.7 **Program** - A grouping of activities and resources to accomplish a mission with specific goals and objectives. Some programs have names, some have numbers, and some have both. Usually programs are budgeted by number for ease of tracking and to reduce potential confusion. Budget categories can and are considered to be programs. Federal programs are considered to be those activities that are or can be assigned a single number in the Catalog of Federal Domestic Assistance (CFDA). When no CFDA number is assigned, all federal awards from the same agency made for the same purpose are to be combined and considered one program. Throughout this procedure, the term "program" refers either to a named activity or an activity that is numbered.

4.5.8 **Public Entity** - Includes, but is not limited to: state and local governments and their instrumentalities; authorities; county Boards of Health; Community Service Boards; and District Attorneys (judicial circuits) operating programs through contracts with DPH.

4.5.9 **Sanctions** - Penalties imposed by the Department on those fund recipients who do not abide by their contract requirements for audit reports and fail to comply with state law regarding timeliness. Sanctions may include: reimbursements being withheld, contracts being canceled, recoupment of

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funds, and denial of further contracts with the Department for a period of 12 months.

4.5.10 **Schedule of State Awards Expended** - A schedule arranged by state program name and contract number that reflects revenues, expenditures, or expenses and amounts owed to and due from each state organization. Amounts listed for each program should include federal funds that pass through state organizations to the entity.

5.0 RESPONSIBILITIES

The Inspector General, Office of Audits shall ensure compliance to this policy and procedure.

6.0 PROCEDURES

Prior to executing a contract between the DPH and a non-profit organization, the organization furnishes a previous year's audit. If the entity has been in existence for less than a year, then they furnish unaudited financial statements. If no audit or unaudited financial statements are on record with DPH, the following procedure is followed:

6.1 REQUIREMENTS PRIOR TO CONTRACT

- 6.1.1 The contracting Division or Section requests such audit or financial statements as part of its negotiation or solicitation process.
- 6.1.2 The entity furnishes an audit report (or unaudited financial statements, if appropriate) to the DPH Division of Operations, Procurement and Contract Administration Section, as a part of its contract package.
- 6.1.3 When it is received, the financial information is forwarded to the DPH Office of Audits for a compliance review.
- 6.1.4 The Office of Audits reviews the information and determines compliance with O.C.G.A. Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session.
- 6.1.5 The Office of Audits notifies the Contracts Section of the Division of Operations and/or the Programmatic Officer/Business Owner of the results of its review. For instances of non-compliance with requirements, the omitted items are specified.

6.2 ENTITIES EXPENDING \$750,000 OR MORE IN FEDERAL FUNDS

All entities expending \$750, 000 or more in federal funds during their fiscal year

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comply with: the provisions of the Single Audit Act Amendments of 1996 and their implementing regulation – 2 CFR Part 200.501; with contract provisions; and with DPH Policy. Non-profit organizations must comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations also include a *Schedule of State Awards Expended*.

These entities obtain a single entity-wide audit of their financial records performed by an independent auditor. The audit covers all financial activities for the fiscal year and is conducted in accordance with Generally Accepted Government Auditing Standards issued by the Comptroller General of the United States.

Audits for public entities include, for those contracts that were completed during the audit period, a *Statement of Revenues and Expenditures Compared to Budget*, presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits of public entities also include a *Schedule of State Awards Expended*.

The entity files one copy of the independent auditor's report with the Audit Director, DPH Office of Audit, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period.

If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report is submitted with the audit report.

6.3 ENTITIES EXPENDING \$100,000 OR MORE IN FEDERAL FUNDS

All entities expending \$100,000 or more in state funds during their fiscal year comply with contract provisions and DPH policy. Nonprofit organizations also comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1 through 50-20-8, as amended, 1998 Legislative Session. Audits of nonprofit organizations also include a *Schedule of State Awards Expended*.

These entities obtain an entity-wide audit of their financial records performed by an independent auditor. The audit is conducted in accordance with Generally Accepted Auditing Standards issued by the American Institute of Certified Public Accountants and the financial statements are prepared in accordance with generally accepted accounting principles. Audits for public entities include, for those contracts that were completed during the audit period, a *Statement of Revenues and Expenditures Compared to Budget*, presented by program name or

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contract name and number. This statement is presented by contract name and number for the entire contract period. Audits of public entities also include a *Schedule of State Awards Expended*.

The entity files one copy of the independent auditor's report with the Audit Director, DPH Office of Audits, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Audits Section (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report is submitted with the audit report.

6.4 ENTITIES EXPENDING BETWEEN \$25,000 AND \$100,000 IN STATE FUNDS

All entities expending at least \$25,000 but less than \$100,000 in state funds during their fiscal year comply with contract provisions and DPH policy by submitting audited or unaudited financial statements. Nonprofit organizations are also required to comply with the provisions of the O.C.G.A. Annotated, Section 50-20-1-through 50-20-8, as amended, 1998 Legislative Session. Audits or financial statements of nonprofit organizations also include a *Schedule of State Awards Expended*.

Financial statements that have been audited include the auditor's report on the financial statements. Audits for public entities include, for those contracts that were completed during the audit period, a *Statement of Revenues and Expenditures Compared to Budget*, presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. Audits or financial statements of public entities also include a *Schedule of State Awards Expended*.

Financial statements that have not been audited include a statement from the president or other responsible official of the organization which states that:

- 6.4.1 The financial statements are presented in accordance with generally accepted accounting principles and, if not, the basis used for their presentation;
- 6.4.2 The financial statements are prepared on a basis consistent with that of the preceding year, and if not, the respects in which they differ from the preceding year;
- 6.4.3 The financial statements of public entities include for those contracts that were completed during the audit period, a *Statement of Revenues and*

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Expenditures Compared to Budget, presented by program name or contract name and number. This statement is presented by contract name and number for the entire contract period. The financial statements of public entities also include a *Schedule of State Awards Expended*.

The entity files one copy of the audit or financial statements with the Audit Director, DPH Office of Audits, within 180 days after the end of the organization's fiscal year. Additionally, private nonprofit organizations submit one copy of the report to the State Department of Audits and Accounts within the same time period. If an extension of the time period is desired, the State Department of Audits (for private nonprofit entities) or the DPH Office of Audits (for public entities) may waive the requirement for completion if a request is made that shows good cause. The waiver is for an additional period of not more than 90 days, and no such waiver is granted for more than two successive years to the same entity. A plan of corrective action for all deficiencies disclosed in the audit report is submitted with the audit report.

6.5 ROLE OF THE DPH OFFICE OF AUDITS

The Office of Audits:

- 6.5.1 Requests the required audit or financial statements, management reports, memoranda and internal documents from those entities that have failed to provide them;
- 6.5.2 Reviews the audit reports for financial settlement amounts, questioned costs, and findings and recommendations;
- 6.5.3 Communicates the dollar amounts of financial settlements to the DPH Division of Finance for settlement;
- 6.5.4 Requests corrective action plans to preclude recurrence of findings from those entities that have failed to provide them;
- 6.5.5 Forwards one copy of the audit report or financial statements to the Programmatic Officer/Business Owner; and
- 6.5.6 Notifies the appropriate DPH Programmatic Officer/Business Owner of those entities which have not complied with the filing requirements of this policy as well as the DPH Division of Finance that will impose the appropriate sanctions.

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6.6 ROLE OF THE PROGRAMMATIC OFFICER/BUSINESS OWNER

The Programmatic Officer/Business Owner:

- 6.6.1 Insures that appropriate programmatic corrective actions are implemented when required by an audit report;
- 6.6.2 Reviews audits for compliance with programmatic performance goals;
- 6.6.3 Enforces corrective action on repeat findings; and
- 6.6.4 Approves or disapproves budget and spending variances.

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	July 1, 2011	Initial Issue
1	July 9, 2012	Annual review and update. Reformat to new template
2	July 23,2015	Annual review and update.

8.0 RELATED FORMS

None

AD-37: Georgia WIC District Request to Purchase Form



Georgia WIC District Request to Purchase Form

Date Requested _____

DISTRICT INFORMATION			
District Name _____			
Requestor Name _____		Title _____	
Phone _____	Ext _____	Fax _____	Email Address _____
District Program Manager/District Administrator's Name _____			Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Phone _____	Ext _____	Fax _____	Email Address _____
DETAILS			
Expenditure Type/Description (list separately)	# Units	Cost per Unit	Total Cost
(Please attach additional pages if necessary)	Grand Total		
JUSTIFICATION			
Please provide a brief justification describing how the item will be used and by whom to provide/support service delivery _____			
Name & title of individual(s) receiving equipment _____			
Individual's employment status <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Hourly <small>Note: Non-employees are not eligible for state equipment purchase</small>			
ITEM PROCUREMENT METHOD			
Are funds available within the District's current program allocation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____			
Is the purchase on a statewide contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain how it will be procured? _____			
Additional Comments: _____			
APPROVAL SECTION			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (specify reason) _____		Date _____	
<input type="checkbox"/> Pending (additional information requested) _____		Date _____	
Comment _____			
District Administrator _____			Date _____
Comment _____			
Nutrition Services Director _____			Date _____
State Program Manager _____			Date _____
State Program Director _____			Date _____

Fax or e-mail completed form to 404-657-2910 or mailto: wicadministrative@dph.ga.gov



Georgia WIC District Request to Purchase Form

I. District Information	
1. Date	Enter the date the request is being initiated
2. District Name	Enter the name of the originating health district where the equipment is being purchased
3. Requestor Name	Enter the individual's name completing the request
4. Title	Enter the title of the individual completing the request
5. Phone	Enter the office phone number of the individual completing the request
6. Ext	Enter the extension, where applicable
7. Fax	Enter the dedicated or confidential fax number of the individual completing the request
8. Email Address	Enter the email address of the individual completing the request
9. District Program Manager/District Administrator's Name	Enter the first and last name, and title of the DM or D. Administrator
10. Approved	Check yes, no, or NA (not applicable)
11. Phone	Enter the phone number of the DM or D. Administrator
12. Ext	Enter the phone ext of the DM or D. Administrator, if applicable
13. Fax	Enter the fax number of the DM or D. Administrator
14. Email Address	Enter the email address of the DM or D. Administrator
II. Details	
15. Item Type/Description (list separately)	List item type/description—a separate line for each item, i.e., <i>computer (laptop or desktop), docking station, keyboard, monitor, printer, copier, video conferencing equipment, furniture (specify item(s)), supplies, materials, etc.</i>
16. # Units	List the number of units
17. Cost per unit	Indicate the cost per each unit
18. Total cost	Enter the total cost, #Units x Cost per unit = total cost
19. Grand Total	Add the total cost for all lines (add separate sheet for additional items)
III. Justification	
20. Provide a brief justification describing how the equipment will be used and by whom, to provide support service delivery	Justification should include the rationale for the item purchase, not otherwise stated elsewhere in this document, examples may include but are not limited to, computers to update technology or replace broken system; computer for new staff, etc.
21. Name and title of individual(s) receiving equipment	Enter the full name and title of the individual who will be assigned to use the equipment. Note: Non-employees, contractors, temps, volunteers, etc. are not eligible for state equipment purchase
22. Individual's employment status	Check whether the employee is full time, part time or hourly
IV. Equipment Use	
23. Are funds available within he district's current program allocation	Indicate whether program allocated funds are available, If no, explain
24. Is the purchase on a statewide contract	Check yes or no. If no, explain why the statewide contract is not being used and what procurement methodology is being used
25. Additional Comments	Use this space to include additional comments to support the request
V. State Office Only	
Reserved for State Office Staff	The goal of the state office staff is to review and provide feedback and/or determination 7-10 business days of receipt complete information.

Fax or email completed form to 404-657-2910 or mailto: wicadministrative@dph.ga.gov



Georgia WIC District Request to Purchase Form

VI. General Instructions	
1. Applicability of Form	This form should be used for all regular operating costs, equipment, capital assets (such as buildings, land and improvements to buildings) and information systems expenditures. Travel expenditures should be documented as described in the Public Health Information System (PHIL). The state agency will complete this form for all state level expenditures. For district expenditures, this form must be completed per the thresholds below. Local agencies are required to use this form for all WIC purchases.
2. Statewide contracts, Agency Contracts and/or Purchase Orders	Procurements completed by using one of these instruments require this documentation only upon initiation of the procurement and not for each invoice paid under the respective instrument
3. Thresholds	<p>Regular operating expenditures – Both the state and districts may make regular operating expenditures having a unit cost less than \$25,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable). Non state WIC office produced outreach or nutrition education material of any amount requires state WIC approval before procurement</p> <p>Non-Computer Equipment – Both the state and districts may make equipment expenditures, excluding motor vehicles, having a unit cost less than \$25,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable).</p> <p>Any regular operating expenditure or equipment expenditure having a unit cost of \$25,000 or more, requires state agency approval and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement</p> <p>Capital assets expenditures (such as buildings, land and improvements to buildings) – Both the state and districts may make capital asset expenditures having a total cost of less than \$5,000 upon their own approval (either Deputy Director of Program Administration or District Health Administrator as applicable). Expenditures of \$5,000 or more must be approved by the state agency and adhere to the requirements of the Georgia WIC Clinic Renovation Package and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement</p> <p>Information Systems Expenditures – Both the state and districts may make expenditures with a total project cost less than \$5,000 upon their own approval (by either Deputy Director of Program Administration or District Health Administrator as applicable). Any information system expenditure over \$5,000 requires state level approval and should be forwarded to the WIC Finance Manager or Deputy Director of Program Administration prior to procurement</p>

Fax or email completed form to 404-657-2910 or mailto: wicadministrative@dph.ga.gov



Georgia WIC District Request to Purchase Form

<p>4. USDA Approval and Notification</p>	<p>Georgia WIC will obtain approval from USDA for all equipment expenditures of a unit cost of \$25,000 or greater prior to procurement</p> <p>Georgia WIC will obtain approval from USDA for all capital asset expenditures having a total cost \$5,000 or greater prior to procurement</p> <p>Georgia WIC will provide USDA written notification of all information systems expenditures with a total project cost between \$5,000 and \$99,999 within 60 days of expenditure or contract execution.</p>
<p>5. Retention Requirements</p>	<p>Per 200 CFR § 200.333 Retention requirements for records states, financial records must be retained for three years from the date of submission of the final expenditure report. For records subjected to litigation, claims or audit findings prior to expiration of the three (3) year period, such records must be retained until resolution of the litigation, claim or audit finding. For real property and equipment, records must be retained for three years after final disposition.</p> <p>This form should be retained with the procurement files for the procurement and made readily available upon request from Food & Nutrition Services review staff and auditors.</p>

Fax or email completed form to 404-657-2910 or mailto: wicadministrative@dph.ga.gov

AD-38: Reporting Program Income Procedures

Standard Operation Procedure (SOP)
Accounting and Reporting for Program Income, Post-payment
Vendor Collections, Participant Collections and other Credits

1. Receipt of all remittances in the form of a negotiable instrument (personal check, money order, bank check or other instrument (including receipts from claims collected through the administrative law process or collection agency) will be given to the WIC Finance Manager. The WIC Finance Manager will maintain a log of all receipts, transfer all of the receipts for deposit to the WIC Financial Analyst and require signature of the WIC Financial Analyst upon transfer for processing. This process will be completed within two business days of receipt of remittance.
2. The WIC Financial Analyst will accept the remittance and complete the Georgia Department of Public Health Receipt Form. The form contains line item data (fund code, funding source code, project code, and class code) necessary to the processing of the revenue (see attached Receipt Form). This process will be completed within two business days of transfer of remittance.
3. Upon completion of the form, the WIC Financial Analyst will forward the Receipt Form and remittance to the DPH Division of Finance, Accounts Receivable for deposit. All deposits will be made in the People Soft General Ledger Accounts Receivable module. Each month the WIC Financial Analyst will track these receipts in People Soft to insure that they were properly posted. This process will be completed by the close of the next months business.
4. All funds from vendors will be deposited in the WIC Federal Holding Account, Bank of America Account # XXXXXXXXXXXX.
5. All funds due to collections involving recoupment of food grant funds will be credited to the WIC Food Account with the appropriate WIC Department Code, WIC FFY Funding Source and Project Code. The WIC Financial Analyst will log, track and reconcile all receipts processed to the WIC Food Account monthly.
6. All claims will be reported monthly on the WIC Financial Management and Participation Report, Form FNS-798 (9-11) line 8 Program Income for civil money penalty payments, line 9 Post-payment Vendor Collections or line 10 Participant Collections as appropriate.
7. All funds due to collection involving recoupment of nutrition services and administration (NSA) funds will be credited to the WIC NSA Account with the appropriate WIC Department Code, WIC FFY Funding Source and Project Code. The WIC Financial Analyst will log, track and reconcile all receipts processed to the WIC NSA Account monthly.
8. All claims will be reported monthly on the WIC Financial Management and Participation Report, Form FNS-798 (9-11) line 22 Program Income for income itemss, line 23 Post-payment Vendor Collections (if the state agency elects to do so), line 24 Participant

Standard Operation Procedure (SOP)
Accounting and Reporting for Program Income, Post-payment
Vendor Collections, Participant Collections and other Credits

Collections (if the state agency elects to do so) and line 25 Other Credits for local agency collections.

9. Receipts from Welch's and the Federation of Southern cooperatives will be used as match for the Farmers Market Program and reported under the remarks section of the 798.
10. Universal Service Funds received by the Visual Collaboration program network offset the costs of the network and will be noted on the 798 in the month received and applied.

Attachment Finding 14 ADHOC-F-1156 Georgia Department of Public Health Receipt Form

GEORGIA DEPARTMENT OF PUBLIC HEALTH

2 Peachtree Street, NW, 15th Floor

Atlanta Georgia 30303

Brenda Fitzgerald, MD Commissioner

Nathan Deal, Governor

Phone 404 657 2700

WIC0116

Reference

Accounting Date _____
 Received from United States Treasury
 Dept. Program MCH/Georgia WIC/Hugh Warren
 Contact Phone (404)657-2916
 Amount 433.80
 For _____
 Attention To deposit to WIC Federal Holding Account BOA Account _____

Bank Account	Cash Account	Deposit ID	Receipt Prepared By	Phone No.
334034253922	Debit:101642	WIC0116	Sandra Copeland	404-657-5240

Line	Account	Fund	Department	Funding Source	Program	Project	Class	Check Date	Check Number	Amount	Customer
1	690001	10100	4054910262	26350	8100804	40519205001	315	11/24/2014	00562358	433.80	Generic
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
										Lines total \$ 433.80	\$ -

Revised 6/25/2011
 Reviewed by Jie Chang
 Date: _____

For data entry verification:

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I. NUMBER AND DISTRIBUTION OF AUTHORIZED VENDORS

The Georgia Women, Infants and Children Program shall not discriminate against an applicant or vendor on the basis of race, color, national origin, age, sex, handicap, disability or other impermissible basis as set forth in applicable state or federal law. Federal regulations require that Georgia WIC establish standards for vendor authorization to secure a sufficient number and distribution of vendors that will ensure reasonable participant access and permit effective management of the program. Georgia WIC may establish criteria to limit the number of stores it authorizes as long as the limiting criteria are applied consistently.

The primary method of regulating the number of authorized vendors is through the use of a vendor to participant ratio.

The vendor-to-participant ratio was developed utilizing the following methodology:

Classification of Counties

A classification scheme for distinguishing counties as Rural, Suburban or Urban is employed. The scheme is based on population density data from the National Center for Health Statistics (NCHS), Georgia 2010: Population and Housing Unit Counts, U.S. Bureau of the Census (USCB), and the 2010 Redistricting data - Georgia Department of Community Affairs (DCA). The classifications are as follows:

Population Density - USCB (Square Miles)	Population Density - GA-DCA (Per Acre)	County Type	Participant To Vendor Ratio
8.5 to 288.8	.013 to .5	Rural	40:1
288.9 to 633	.0501 to 1	Suburban	100:1
633.1 and Above	1.001 and Above	Urban	145:1

Apply Classification

A. The aforementioned classification scheme is applied to both certified participants and authorized vendors from the previous federal fiscal year and according to the county code on record.

- The county code for participants is the code associated with the participant’s home address and the local health in which they certified
- The county code for vendors is the code associated with their physical location and not the mailing or corporate address.

B. Participants and vendors are then mapped according to their county code.

Participant-to-Vendor Ratio Calculated

The participant-to-vendor ratio is calculated based on the number of certificated participants per county code to authorized vendors per county code. Based on the county type (Rural, Suburban or Urban) a vendor saturation analysis is performed to

ascertain the need for additional vendors in a geographic area or if new vendors should be limited due to saturation.

The vendor saturation analysis for the state is determined prior to the start of an application period for new vendors.

Exceptions to the participant-to-vendor ratio which may be considered are:

- The need to assure that each food instrument issuance clinic site in the state has an authorized vendor within a 10 mile radius.
- The need to provide adequate service to participants in a population center of at least ten (10) individuals who have no access to an authorized vendor within a 10 mile radius of the population center.
- The need to provide adequate service to participants when circumstances make that necessary. Those circumstances may include, but are not limited to, the following:
 - A. New clinic site opening;
 - B. Participant caseload increases;
 - C. New participant population center recognized;
 - D. Store closings, either voluntary or due to catastrophe;
 - E. Problems with WIC Program compliance;
 - F. Problems caused by non-compliance with Food Stamp regulations.

II. APPLICATION ACCEPTANCE PERIODS: RE-APPLICATION LIMITATIONS AFTER APPLICATION DENIAL

Applications for WIC vendor authorization will only be accepted during the following periods: Between October 1st to December 31st and March 1st to **May 31st** of each federal fiscal year (**See Attachment VM-2 Selection Criteria**).

If an application for authorization is denied, the applicant will be barred from reapplication for period of one (1) year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

1. Accepting WIC vouchers prior to Authorization. The denial period is three (3) years.
2. Business Integrity and Related Denials. For Business Integrity or Integrity-related reasons, the denial period will be two (2) years.
3. All Other Reasons for Denial. The denial period is one (1) year.

III. VENDOR SELECTION AND AUTHORIZATION

A. SELECTION CRITERIA

The selection criteria represent the **minimum requirements** to be considered for authorization as a Georgia WIC vendor. All applicants¹ and vendors must meet **or exceed all** of the selection criteria at the time of authorization and maintain **compliance** throughout the agreement period. **Vendors are also required to adhere to any changes in the selection criteria made by Georgia WIC during their agreement period, or face termination. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection** criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria.

Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application.

During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to a Bill of Sale, Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten (10) days after the date of the written request for information.

Applicants who are denied authorization may reapply after the expiration of the appropriate denial period. Applicants will be required to adhere to the selection criteria in place at the time of application (**See Attachment VM-2, Selection Criteria for Vendor Authorization**).

A vendor application can be secured from the Georgia Department of Public Health website at <http://dph.georgia.gov/vendor-information>. If an applicant does not have access to the internet, a request can be made for a hardcopy of this form by calling the Office of Vendor Management, at **(404) 657-2900 or toll free within Georgia** at (866) 814-5468

¹ An applicant is defined as: anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a sanction history will be thoroughly investigated.

B. ON-SITE VISIT AND AUTHORIZATION

Only those vendor applicants that pass initial screening will receive on-site pre-approval visits from Georgia WIC representatives to verify the information listed on the application and inventory. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one (1) authorized representative from the store is required to attend training.

At least one (1) pre-approval visit is required for each applicant to verify the items listed on the application. The first pre-approval visit will be conducted at the date and time announced by the Georgia WIC staff. Georgia WIC reserves the right to follow up on any items in the application or observed on site at any time during the application process and may conduct additional visits to the applicant's store as required without notice. Failure to cooperate with Georgia WIC during the pre-approval process will result in an application denial.

In the event that an applicant suspects that they may not be prepared for their announced pre-approval visit, they may re-schedule the visit twice during the application process. The applicant must contact the Georgia WIC office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468, toll free within Georgia, or (404) 657-2900. The applicant will only be allowed to change this date twice—but must be completed within a thirty (30) day period or the application will expire and be denied.

Applicants who have not met the minimum inventory requirements after their pre-approval visit has been conducted may make a request in writing within five (5) business days for a second visit. All requests must detail the reason for the insufficient inventory identified on the first visit.

Once a vendor has met all authorization criteria and completed training with a score of eighty (80) or above, a vendor agreement is extended, either to the vendor or to the vendor's authorized representative. The agreement must be signed by the vendor and the designated State agency official. Only a fully executed vendor agreement and the receipt of a vendor stamp constitute authorization. A copy of the fully executed agreement will be mailed to the vendor or to the corporate vendor's authorized representative.

IV. PEER GROUPS

Authorized vendors are classified into seven (7) different peer groups based on square footage of the store (excluding administrative and storage space), the number of store locations, and assessment findings (**See Attachment VM-3, Georgia WIC Program Vendor Handbook-Vendor Authorization**). Authorized vendors identified as having derived more than fifty (50) percent of their annual food sales revenue from WIC food instruments will not remain active in the program, as provided in Section IX, unless denial of authorization for that applicant or vendor would result in inadequate participant access.

V. VENDOR AGREEMENTS

The Georgia WIC Program enters into three (3) year agreements with those food retailers that meet the Program's definition of a corporate vendor (**See Attachment VM-4A**) and two (2) year agreements with non-corporate food retailers (**See Attachment VM-5**). The Georgia WIC Program defines a Corporate Vendor as an authorized vendor that is owned by a corporate entity. A corporate vendor can be a publicly or privately owned corporation or a limited liability company.

Incorporated applicants must complete and submit a Corporate Information Form along with the vendor authorization application. To access the Corporate Information Form, visit <http://dph.georgia.gov/vendor-information>, and select "Corporate Information Form". If an applicant does not have access to the internet, a request can be made for a hardcopy of this form by calling the Office of Vendor Management, at **(404) 657-2900 or toll free within Georgia at** (866) 814-5468. If an incorporated applicant is seeking authorization for two (2) or more stores, it must also complete and submit with its application a corporate attachment form for each store. An authorized representative must sign the application and each Corporate Attachment Form (**See Attachment VM-4B, Corporate Attachment Form**). Upon authorization, a corporate vendor will receive one vendor agreement. The Corporate Attachment Form serves as verification of each store location that is authorized under the vendor agreement and, therefore, are addendums to the vendor agreement. Each authorized store location will be assigned a vendor number and will receive a vendor stamp with that identifying number. Vendors are not permitted to redeem food instruments at any location until each location is authorized. A newly authorized store cannot begin accepting food instruments until it has received a vendor stamp with its assigned vendor number. **NOTE:** If a store location under a corporate vendor begins transacting and/or redeeming food instruments before it receives its vendor stamp, that store location will be denied authorization for a period of three (3) years. If a currently authorized corporate vendor wishes to seek authorization for additional stores during the agreement period, it must submit an updated vendor authorization application, a Corporate Information Form, Corporate Vendor Training Checklist and a Corporate Attachment Form for each store. The authorization of additional stores will not require the execution of a new vendor agreement. The Corporate Attachment Form for each newly authorized store will be an additional addendum to the existing corporate vendor agreement. If one store in the chain violates the Georgia WIC Program regulations and is disqualified, the remaining stores are not affected.

VI. VENDOR TRAINING

Vendor training is conducted to ensure that all vendors are familiar with Georgia WIC program policies and procedures. Training is offered in all of the following formats: newsletters, videos, videoconferences, or interactive training sessions.

For authorization training, vendors are required to show a government issued picture ID prior to admission. The training sessions are conducted by the State agency with non-corporate vendors and with the corporate representative for vendors who are classified as corporate vendors. At the end of the agreement period, authorization training is once again provided to vendors who are re-applying.

Annual training is provided once every year using a variety of formats. Georgia WIC will conduct annual training for vendors regarding changes and updates to policies and procedures. Authorized vendors must provide documentation of participation in annual training by the deadline specified.

Vendors who have received authorization and annual training must sign corresponding forms as documentation of their training (**See Attachment VM-3, Georgia WIC Program Vendor Handbook, Vendor Training Section; see also Attachment VM-6, Vendor Authorization Training Checklist; Attachment VM-7, Vendor Annual Training Checklist; Attachment VM-8, Pharmacy Vendor Authorization Training Checklist; and Attachment VM-14, Pharmacy Vendor Annual Training Checklist**). Corporate vendors must ensure that each store listed in the current Vendor Agreement receives annual training by the deadline specified. Failure to do so will result in termination of the Vendor Agreement. Failure to provide documentation that each store participated in annual training will result in termination of the store(s).

Attendance at a training session, prior to becoming an authorized vendor, does not grant the right to begin accepting WIC food instruments. Only a fully executed vendor agreement and the receipt of a vendor stamp constitute authorization.

VII. HIGH RISK IDENTIFICATION SYSTEMS

A. VENDOR COMPLAINTS

The State WIC Program must have procedures in place to document all complaints from applicants, participants, parents or caretakers of infants and children, proxies, retailer/vendors, staff and general public. Complaints of civil rights discrimination must be handled in accordance with 7CFR§ 246.8(b)

The purpose of the procedure is to capture, document and resolve any complaint regarding program operations at the local and/or state program level related to food delivery and/or concerning any civil rights discrimination. These complaints may be received from applicants, participants, parent or caretakers of infants and children, proxies, vendors, staff or the general public. Participants/authorized representatives/proxies and Vendors have obligations and responsibilities to the Georgia WIC Program.

The Georgia WIC Office is very concerned about all forms of program abuse and take all complaints seriously. WIC customers are not allowed to verbally abuse retail store employees or violate the proper procedures for processing food instruments or cash value vouchers. Equally, WIC authorized vendors are held accountable for observing the program's policies, procedures and honoring the terms of the vendor agreement.

Examples of Complaints Filed Against Participants

Participant complaints are those complaints filed by authorized WIC vendors or others against WIC participants. These complaints include, but are not limited to:

- adverse treatment of a vendor's owner, manager or employees;
- use of altered WIC food instruments (i.e., changing dates, names, or food amounts);
- purchase or attempted purchase of unauthorized foods with WIC food instruments;
- persistent attempts to purchase larger quantities of an authorized supplemental food item than listed on a WIC food instrument;
- transaction of WIC food instruments outside of the valid period;
- transaction of WIC food instruments at an unauthorized vendor;
- sale of WIC food instruments or other Food and Nutrition Service (FNS) authorized coupons; and
- transaction of WIC food instruments by a person not listed on the Georgia WIC Program ID Card (WIC ID).

Examples of Complaints Filed Against Vendors

Vendor complaints are those complaints filed by WIC participants or others against a vendor. Vendor complaints include, but are not limited to:

- adverse treatment of a WIC participant by a vendor's owner, manager or employee;
- charging more to WIC participants than other customers;
- providing outdated or spoiled food items;
- refusal to accept manufacturers' coupons, or other store discounts; and
- Inadequate variety and/or quantity of WIC-authorized supplemental food items.

Complaints of Civil Rights violations will be handled in accordance with Federal Law and the Department of Agriculture (USDA) policy. The policy states:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (for Spanish).

The Georgia WIC Program will take the appropriate follow up action on all complaints received.

Responding to/Resolving Participant Complaints:

Vendors may file a complaint against a WIC participant/proxy by calling the Customer Service Hotline or by contacting the Office of Vendor Management by mail. The Office of Vendor Management will log and document the complaint onto the Georgia WIC Vendor Management Complaint log and refer the participant complaint to the Office of Program Integrity and Strategy for follow up and resolution.

Responding to/Resolving Retailer/Vendor Complaints:

The Office of Vendor Management will accept, investigate, take the appropriate follow up action and resolve all reported vendor related complaints. When a complaint against a WIC vendor is received, the Georgia WIC Vendor Management Complaint form must be completed in its entirety by a staff member of the Vendor Relations Unit. All complaints are logged onto the Georgia WIC Vendor Management Complaint log located on the "N" drive at the following web address:

N:\VENDOR MANAGEMENT SECTION\VENDOR RELATIONS

Resolution Process for complaints against Vendors:

1. Complainant must be contacted within (1) one business day of receipt of complaint.
 - o Verify if complainant wants to be contacted by whom complaint is being logged against.
 - o If resolution takes place on initial call (i.e. policy clarification, verification of WIC approved foods), complete call and document applicable forms and systems as required.
 - o
2. Complaint is documented on the Complaint Form with the following information:
 - o Type of complaint

- o Who reported complaint
- o Specific details of complaint
- o Corrective action/Final Resolution
- o Follow-up date (if applicable)

3. WIC Vendor identified in complaint is contacted.

- o Discuss specific details of complaint.
- o Provide technical assistance (if applicable)
- o Ask vendor to state their corrective action plan for resolution.
 - i.e.
 - Train employees
 - Contact complainant (if permitted)
 - Proactively correct non-compliance complaint
- o Refer to Office of Investigation (OIG), if applicable
 - Follow up with complainant
 - Document final resolution in VIPS system and Complaint Log

4. WIC Participant identified in complaint is contacted.

- o Discuss specific details of complaint.
- o Provide Clarification on Georgia WIC Policies.
- o Provide details of complaint to the appropriate Nutrition Services Director or Clinic Representative.
- o

5. Complaints resolved on the initial call

- o Document notes section of VIPS with brief summary
 - Nature of complaint
 - Who reported complaint
 - Name of person who was contacted at complaint location
 - Corrective action/Final resolution/Follow-up (if applicable)
- o Contact Nutrition Services Director or clinic Representative (if applicable)
 - Advise outcome of complaint
- o Complete Complaint Log
 - Date incident reported
 - Vendor number
 - Name of complainant
 - Complaint and resolution

6. When a complaint cannot be resolved on initial call:

- o Negotiate a follow-up date for call back agreed upon with the complainant.

- Investigate details of complaint received.
- Contact complainant as agreed.
- Provide final disposition of complaint.

7. After complete resolution has taken place, all parties involved are contacted to ensure satisfactory resolution has taken place.

8. VIPS notations are made and a copy of the vendor Complaint Form is placed in the vendor's file.

9. All applicable columns related to the complaint log entry are completed to capture all appropriate actions and final disposition(s) of communication of the resolution.

Complaints of Civil Rights violations will be handled in accordance with Federal Law and the Department of Agriculture (USDA) policy.

The Office of Vendor Management will log and document the complaint onto the Georgia WIC Vendor Management Complaint log.

- 1) If the referral is participant related, the complaint will be documented and referred to the Office of Program Integrity and Strategy for follow up and resolution.
- 2) All vendor complaints will be handled in the usual manner. The complaint form will be updated as the process progresses and updates will be provided to the Office of Program Integrity and Strategy for interim and final reporting to the USDA.

The Georgia WIC Program provides a toll-free customer service hotline (1-866-814-5468) that WIC vendors and participants may call to report complaints/incidents or to make inquiries. The participant may also contact their local WIC clinic to voice any complaint/incident. The local agency must complete a complaint/ incident form (**see Attachment VM-9, Complaint Form**) and begin the resolution process on all complaints from a WIC participant concerning a vendor. Once a complaint/incident is resolved at the local level, the form should be sent to the State WIC office for additional processing, e.g. covert or overt visit, warning letters and entry into the vendor's record.

Resolution, at the State agency, will be initiated within twenty-four (24) hours of receipt. The local agency will receive notification regarding how and when the complaint/incident was resolved.

A vendor may be investigated when a complaint/incident appears to be a sanctionable offense.

B. IDENTIFYING HIGH-RISK VENDORS

The Georgia Women, Infants and Children Program (GAWIC) monitors all authorized vendors and vendors identified for reauthorization based on high risk criteria to ensure that vendors remain in compliance with cost containment program policies and procedures throughout their Agreement period. Vendor monitoring takes place through the review of food transaction procedures, redemption patterns, and representative on-site visits. All WIC authorized vendors are evaluated for high-risk status on a monthly basis.

The evaluation factors include: a) low variation in the value of redeemed food instruments, b) food instrument redemptions that frequently exceed average food costs, c) large percentages of food instruments (of the same type) redeemed at the same price, and d) redemption fluctuations among others. The determination of vendors that are high risk considers the redemption patterns of vendors with comparable characteristics (i.e., peer group).

Georgia WIC utilizes a point ranking system to identify and rank vendors at high risk for WIC Program abuse. The ranking process will determine which vendors will receive a referral for a compliance investigation. Georgia WIC will rank vendors based on high risk factors and consider observations or complaints from Local Agencies, WIC participants or other members of the public, as well as observations made during monitoring visits. Vendors who have received warnings or sanctions from other USDA programs or State Agencies may also be identified as high risk, depending on the reason for the action. These components will best determine both the level of abuse and the potential dollar loss to the WIC Program.

The points (from one to six) are totaled and divided by six (6) to obtain a failure percentage. The failure percentage is used to identify vendors with the highest risk of program abuse. Vendors with a failure rate of 50% or higher are viewed as having the highest risk for program abuse and will be referred to the Office of Inspector General for a compliance investigation via the Adverse Action Referral Form. The Adverse Action Referral Form, along with supporting evidence, will be forwarded within five (5) business days to the appropriate investigative unit for assignment. The assigned investigator will complete a referral to SERO-FNS Office and USDA-OIG once credible evidence supports fraud and abuse in excess of \$1,000.00 or if other criminal activity is identified. Also, vendors found to be out of compliance are notified and given sixty (60) days to come into compliance. If vendors are not compliant at the end of the 60-day period, a review is performed to evaluate the vendor for possible termination of their Vendor Agreement due to non-compliance with cost containment program policies and procedures. The vendor will be notified of the evaluation after the review is complete.

Georgia WIC has established criteria used to assess the high-risk status of all authorized vendors. For determining high risk vendors, the following reports are generated monthly to assign point values to all vendors as indicated below:

High Mean Vendor Report: The High Mean Vendor Report is completed a minimum of once each quarter to assess all vendors' prices for a specified period of time. Vendors with a high percentage of vouchers submitted at a price greater than 40% of their peer group's reported average food costs may be regularly overcharging. Vendors with a high mean status of "High Risk" are assigned one (1) point.

Low Variance Vendor Report: Vendors with little or no price variation of the redemption amounts identified on 80% or higher for a given voucher code, which contain the identical quantities and types of food items during a one (1) month period are considered high risk for low variance status. Vendors who exhibit uniform pricing (low variance) are generally either assigning a standard price, which may be higher than the actual prices of food purchased, or have a limited variety in their WIC food items. A vendor who appears on this report is assigned one (1) point.

Redemption-Shelf Price Comparison Report: Vendor's redemption prices will be compared to their shelf prices for a specific voucher code. Vendors found redeeming food items in excess of submitted shelf prices by 45% will be flagged as potentially high risk. Additionally, when a vendor redeems a voucher code for which there is no submitted shelf price, the vendor will be flagged as potentially high risk and assigned one (1) point.

High MARLs Rejection Report: This report documents the food instruments rejected for presentment amounts that exceed the Maximum Allowable Reimbursement Level (MARLs) for the vendor's designated peer group. This report identifies potential fraud as a result of vendors inflating their pricing up to the MARLs. Vendors who demonstrate a rejection rate of 55% are deemed potentially high risk and assigned one (1) point.

Fluctuation in Redemption Volume & Amounts Report: These two reports take a snap shot of redemption data for each vendor within a selected peer group, for the current month under review. A comparison is completed against data from the previous month. The report provides the percent (%) of change between the two (2) months. These reports can potentially detect fraud if a vendor has a sudden increase or decrease in redemptions from one (1) month to the next. All vendors showing an increase of 50% will be examined to determine the reason for the change. If no obvious reason exists (i.e. a store in the immediate area recently opened or closed), the vendor will be considered high risk and assigned one (1) point.

Complaints and incidents that are reported to the Georgia WIC Program about vendors also places them in a high risk category and may lead to a covert investigation of that vendor.

If more than 5% of all vendors are identified as high risk, the vendors must be prioritized so that compliance investigations and/or inventory audits are conducted on those vendors that pose the greatest risk to program compliance.

High risk vendors will be prioritized based on high risk scores and volume of WIC redemptions. Those with the highest scores and the highest volume of WIC redemptions will be investigated and/or audited first.

C. NOTIFICATION OF VENDOR VIOLATIONS

During an investigation, if a violation is found that requires a pattern of violative incidences, the vendor must receive a notice informing them of the violation. Vendors who receive notices will be given an opportunity to correct the behavior causing the violation, including **targeted** training of any personnel involved in WIC transactions. The notice may include sanctions for violations that occurred which do not require a pattern (see Categories I, II, III under "Sanctions"). The vendor will be notified if a subsequent violation occurs and will be sanctioned accordingly.

The Georgia WIC Program is required to notify the vendor of an initial violation, for violations requiring a pattern of incidences in order to impose a sanction, prior to documenting another violation, unless the Georgia WIC Program determines that notifying the vendor would compromise an investigation. The Georgia WIC Program will send the vendor a written notice of an initial violation during a covert compliance investigation for which a pattern of violative incidences must be established in order to impose a sanction, except when conditions 1 through 8 listed below exist.

1. Your vendor status is considered high-risk consistent with Section 246.12(j) (3) of the WIC federal regulations.
2. Violation(s) outlined in category VI, and category VII of the Georgia WIC Program Vendor Sanction System for which no pattern is required.
3. The Georgia WIC Program became aware of violations taking place during the course of an on-going investigation, during which time other vendors were found to be in violation of Georgia WIC Program regulations, prompting further investigation.
4. The Georgia WIC Program received complaint(s) against the vendor.
5. The Georgia WIC Program investigator's identity may be in jeopardy.
6. Threatening conduct or security factors that may occur during the course of a covert/compliance investigation.
7. Covert sting operation by WIC, or in conjunction with other Local, State or Federal agencies.
8. More than one (1) violation occurred during the initial compliance visit.

Vendors will receive notification of all results including violations **after** the investigation is considered closed by the Georgia WIC Program representatives.

When notices of violations are **not** sent to a vendor, **Attachment VM-11** will be placed in the vendor's file.

VIII. PROHIBITION AGAINST CERTAIN VENDORS

A vendor applicant that is expected to derive more than 50 percent of its annual food sales revenue from WIC food instruments (**see Attachment VM-12**) will not be authorized unless denial of authorization for that applicant or vendor would result in inadequate participant access.

Newly authorized vendors will be assessed within six (6) months of authorization. If it is determined that a vendor derives more than 50 percent of its annual food sales revenue from WIC food instruments, they will be terminated from the program unless denial of authorization for that applicant or vendor would result in inadequate participant access.

All current vendors are assessed annually as well as during re-authorization. All vendors are required to submit food sales data upon request in order to monitor compliance with the above-50 percent criterion. If it is subsequently determined that a vendor **does** meet the above-50 percent criterion, they will be terminated from the program unless denial of authorization for that applicant or vendor would result in inadequate participant access.

IX. VENDOR COST CONTAINMENT

Vendor Cost Containment is intended to assist State agencies in achieving compliance with section 17(h)(11) of the Child Nutrition Act of 1966, as amended by (42 U.S.C. § 1786).

The new requirements underscore the State agency's responsibility to ensure that WIC pays all vendors competitive prices for supplemental foods.

The Georgia WIC is required to implement effective competitive price criteria. Georgia WIC must establish competitive price criteria for each vendor peer group and assess each new vendor applicant and current vendors using the competitive price criteria applicable to its peer group 7CFR§ 246.12(g)(4).

Competitive price criteria are based on the shelf prices that vendors charge for all customers and prices that vendors redeem for supplemental foods. To maximize the number of eligible participants who can receive program benefits, Georgia WIC selects vendors that offer the lowest prices for supplemental foods while ensuring participant access by geographic area.

A. COMPETITIVE PRICE LEVELS – Shelf Price (*New Applicants*)

All applicants are required to submit and maintain prices that are at, or lower than the maximum allowable price per food item per peer group. Applicant

prices for products on the vendor's application will be reviewed and compared against the maximum prices allowed for vendors in that Peer Group who are currently participating in the program. This is performed using the Pricing Analysis Website by the Vendor Relations Consultants. If a prospective vendor's prices are more than 10% higher than the maximum prices of others in its Peer Group on more than three items – the vendor will be notified that its pricing is not competitive and the vendor may receive technical assistance.

Applicants will be given one (1) additional opportunity to re-submit prices after notification. Upon the second submission, those failing to submit prices that are lower than the allowable maximums will be denied. Vendors are required to maintain cost competitiveness after authorization. Vendors may be assessed at any time and those whose prices remain non-competitive will be terminated from the Program.

B. COMPETITIVE PRICE LEVELS – Shelf Price (*Existing Vendors*)

The collected data from the quarterly shelf price collection is filtered before analysis. Peer Group (PG)-G shelf price data is excluded as well as infant formula items which are ordered and paid directly by Emory Healthcare and The State WIC Office. The average shelf price is calculated plus 2 standard deviations (SD) per food item, per peer group. Vendors in PG B-F that have a shelf price amount per food item that is greater than or equal to the average shelf price plus 2 SD are eliminated from the Maximum Allowable Reimburse Levels (MARLs) calculation. Vendors in PG A that have a shelf price amount per food item that is greater than or equal to the average shelf price plus 1.5 SD are eliminated from the MARLs calculation. All exempt/medical food items are set at zero for Peer Groups A, B, & G.

Vendor shelf prices eliminated from the MARLs calculation process are deemed non-competitive and are included in the "Outliner Vendor Report". If a vendor is found to be non-competitive on 15 or more items – the vendor will be notified that its pricing is not competitive and the vendor may receive technical assistance. Applicants will be given one additional opportunity to re-submit prices after notification. Upon the second submission, those failing to submit prices that are lower than the allowable maximums will be denied. Vendors are required to maintain cost competitiveness after authorization. Vendors may be assessed at any time and those whose prices remain non-competitive will be terminated from the Program.

C. COMPETITIVE PRICE LEVELS – Redemptions (*Existing Vendors*)

Non-competitive pricing for redemptions occurs when the amount paid per food instrument by Georgia WIC to a vendor per quarter for all food instruments except cash value food instruments, exempt infant formulas, and medical foods exceeds the statewide *average*¹ amount paid per food instrument redeemed within the peer group by more than 50% on 10 or more items. These vendors are identified on the "Non Competitive Price Report". If a vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as non-competitive for three

additional assessments, the vendor agreement will be terminated for a period of twelve months.

Note: Average¹- A weighted average is calculated for Peer Groups C & D. After each quarterly shelf price survey a minimum full redemption value for each voucher code is calculated. This is determined by identifying and grouping the lowest shelf price submitted for each food item (excluding the prices that were eliminated by 2SD) per each Peer Group into Minimum Redeemable Voucher Code Level (MRVCL). This is the minimum full redemption value threshold. Any voucher code redemption value below the MRVCL will be considered a partially-redeemed. Partially redeemed voucher codes are eliminated from the average calculation.

The Georgia WIC Program implemented a cost containment plan to identify and manage vendors who derive more than fifty (50) percent of their annual food sales revenue from WIC food instruments.

All vendors, except pharmacies and military commissaries, will be assessed at application, within six months after authorization, and annually thereafter to determine whether they derive more than fifty (50) percent of their SNAP eligible food sales from WIC redemptions. Georgia WIC will conduct an initial Food Sales Assessment based on programmatic reports to determine whether a vendor is a Probable Above Fifty Percent Vendor (A-50).

Upon notification of Probable A-50 Status, vendors may challenge the initial findings by requesting a detailed Food Sales Assessment to demonstrate that their eligible food sales are less than their WIC sales. A vendor must submit its request for a detailed Food Sales Assessment within fifteen (15) days of the date of the Notice of Probable A-50 Status. A vendor will be determined to be an Above Fifty-Percent vendor if: (1) it fails to follow the procedures to request a detailed Food Sales Assessment, (2) it fails to provide the documents or information required, (3) it fails to cooperate with the assessment process; or, (4) if the detailed Food Sales Assessment confirms that a vendor is an Above-Fifty Percent vendor.

Vendors that are determined to be an A-50 vendor will be terminated from the program unless denial of authorization would result in inadequate participant access. Such vendors will receive a Notice of Termination, which contains instructions to appeal the termination under the Administrative Review procedures in place.

X. ROUTINE MONITORING

On-site, overt monitoring is performed on a minimum of five (5) percent of the total active vendors statewide on an annual basis using a standardized monitoring instrument (**see Attachment VM-10, Vendor Review Form**). Vendors statewide (except commissaries and pharmacies) are selected for routine monitoring visits based on: 1) complaints/incidents regarding a specific vendor; 2) random selection - vendor has not been monitored in the past 24 months; 3) vendors who are suspected of being potential above 50 percent vendors; 4) requests from investigators as a result of their findings during a covert visit; 5) if the Georgia WIC Program has reason

to believe that the vendor is participating in fraudulent activity at anytime during the vendor agreement period; 6) high redeeming compared to other vendors in the same Peer Group; 7) vendors flagged as high risk by SNAP; 8) non-chain vendors; 9) new vendors within 2 (two) months of authorization; 10) follow up to applicant pre-approval; and 11) vendors flagged as high risk by the Program.

Vendors may receive written notification of the results and copies are sent to the vendor's corporate office, when applicable (see Attachment VM-3, Georgia WIC Program Vendor Handbook, Overt Monitoring).

XI. INVENTORY AUDITS

Georgia WIC may conduct record or inventory audits on any vendor at any time. Inventory audits will include the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide WIC customers the quantities specified on food instruments redeemed by the vendor during a given period of time. Purchase invoices should reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory. During an audit, the vendor must supply Georgia WIC or its representative with documentation of pertinent records upon request.

Vendors must retain copies of all invoices relating to the purchase of WIC food items for the three (3) previous years plus the current year.

AUDITING WIC INFANT FORMULA SUPPLIER PURCHASES

Authorized WIC vendors are required to purchase WIC infant formula, to be exchanged for WIC food instruments, directly from a WIC approved supplier or manufacturer included on a list provided by the Georgia WIC Program. The list includes manufacturers registered with the Food and Drug Administration (FDA) as well as wholesalers, distributors and suppliers licensed in the State of Georgia. Only Georgia WIC approved Infant Formula is eligible for purchase and distribution.

Acceptable Record of Inventory

An authorized WIC vendor must certify that it purchases infant formula only from sources identified on the Georgia WIC Program list of approved suppliers. The certification includes producing retained invoices, copies of purchase orders, receipts or any other proofs of purchase that clearly outline all purchases were made from an approved suppliers on the list at the time of purchase. Proofs of purchase should detail, at a minimum:

- 1) preparation entirely by the supplier from whom the WIC vendor makes the purchase
- 2) the name of the seller
- 3) the name of purchaser (WIC vendor)
- 4) date of purchase
- 5) date vendor received merchandise at the store (if different from the date of purchase)
- 6) a description of each formula purchased, to include brand name, unit size, unit price, type or form and quantity.

Failure to retain and provide this purchase documentation, upon request, can lead to an authorized WIC vendor's disqualification from the Georgia WIC Program.

XII. VENDOR SANCTION SYSTEM

When any authorized vendor is found to be in violation of federal regulations and/or State rules, policies and procedures, the vendor will be assessed a sanction consistent with the severity and nature of the violation. Sanctions may include disqualification or a civil money penalty. **(See Attachment VM-3, Georgia WIC Program Vendor Handbook, Sanction and The Sanction System).**

XIII. ADMINISTRATIVE REVIEW

The Georgia WIC Program must provide administrative reviews in accordance with Federal WIC regulations at 7 CFR § 246.18. Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as the Georgia WIC Program administrative review procedures are found in the Section 511-8-1-.06 **(see Attachment VM-13)** of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

XIV. COORDINATION WITH SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

A reciprocal agreement between the Georgia WIC Program and the Food and Nutrition Services Supplemental Nutrition Assistance Program (SNAP) is on file at the State WIC office.

All vendors, except for pharmacies and military commissaries, must be licensed as a (SNAP) retail provider. Vendors who withdraw from SNAP, are disqualified from SNAP, or are terminated from SNAP due to non-redemption will be terminated from the Georgia WIC Program. Unless necessary to ensure adequate participant access, the Georgia WIC Program will not authorize an applicant that is currently disqualified from SNAP, or that has been assessed a SNAP civil money penalty (CMP) for hardship and the disqualification period that would otherwise have been imposed has not expired.

The Georgia WIC Program Compliance Analysis Unit routinely coordinates investigative activities with their SNAP counterparts on high-risk WIC vendors. All authorized Georgia WIC Program Vendors must be also be SNAP authorized at the time of WIC authorization and at all times during the vendor agreement period.

XV. STAFF TRAINING ON VENDOR MANAGEMENT

New employees receive orientation and on the job training on the following Vendor Management topics:

1. Application process (selection and authorization)
2. Vendor training
3. Routine monitoring
4. Compliance investigations
5. Inventory audits (when applicable)
6. Sanctions
7. Vendor appeals/Administrative reviews
8. Federal and State WIC regulations
9. High Risk vendor identification
10. Vendor assessments and claims
11. GWIS (Georgia WIC Program Information System) and other internal vendor databases such as VIPS and STARS.
12. Confidentiality of WIC Vendor Information & Conflict of Interest.

XVI. CONFIDENTIALITY OF WIC VENDOR INFORMATION & CONFLICT OF INTEREST

CONFIDENTIALITY OF WIC VENDOR INFORMATION

The State of Georgia strongly supports public access to records in an effort to promote transparent and open government, and, thus, finds that public records should be made available for public inspection without delay, except when specifically required by federal statute or regulation to be kept confidential. The federal statute and regulations governing the administration of the Georgia WIC Program requires that confidential vendor information not be disclosed. Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor’s name, address, telephone number, Web site/email address, and vendor type and authorization status. The Georgia WIC Program will apply the same limitations to the use and release of information obtained from USDA Supplemental Nutrition Assistance Program (SNAP) regarding SNAP retailers, whether or not the retailer is a WIC retailer. Except as otherwise permitted by this section, the Georgia Women, Infants and Children Program must restrict the use or disclosure of confidential vendor information to:

- (1) Persons directly connected with the administration or enforcement of the WIC Program or the Georgia Department of Human Services – Supplemental Nutrition Assistance Program (SNAP) or whom the Georgia WIC Legal Unit determines have a need to know the information for purposes of these programs.

- (2) Persons directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), Georgia WIC must enter into a written agreement with the requesting party specifying that such information may not be used or disclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law; and
- (3) A vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action.

HOW VENDOR INFORMATION IS REQUESTED

Generally, all Open Records Act requests made by the public must be immediately forwarded to the Open Records Act Officer immediately, preferably within the same day as the request is received by a DPH employee, in accordance with GDPH Policy #GC-09002. In the alternative such requests must be immediately forwarded to the Georgia WIC Legal Unit, preferably the same day the request is received.

Where vendor information is requested by persons directly connected with the administration or enforcement of WIC or SNAP, or persons directly connected with the administration and enforcement of Federal, State, or local laws/ordinances, such requests must be made directly to the Georgia WIC Legal Unit. To process requests in a timely, consistent and orderly manner, and to track receipt and fulfillment of request, the requests must be submitted by email to:

wic-vm@dph.ga.gov.

When submitting a request through the designated email address above, the following information must be provided:

1. Date of the request
2. Requestor's name and Title/Position
3. Requestor's full mailing address (organization, street address, city, state, ZIP)
4. Requestor's day time phone number
5. A complete description of the information requested
6. Purpose for which the information is being requested

If a requestor does not provide the information listed above, the request will be considered incomplete and Georgia WIC's consideration of the request will be delayed pending receipt of the additional information needed. A request is considered received when the Georgia WIC Legal Unit has confirmed receipt of the emailed request. Requests made by phone will not be accepted.

HOW REQUESTS ARE PROCESSED

A – The Georgia WIC Legal Unit will provide a formal response to a request for confidential vendor information within three business days of receipt of a request. If a request is received after 5 p.m., the request will be considered received on the next business day. The formal response will include:

- A description of the records
- An estimate of the time necessary to compile the records containing the information requested, if the records are available but will take more than three days to compile
- A request for clarification of the request
- Data Use Agreement Form (If applicable)
- Denial of the request accompanied by an explanation of the basis for the denial.

If the formal response asks for clarification of the request, no further response will be made to the requestor until the clarification is received by the GAWIC Legal Unit. Where the request is extraordinarily large such that extensive use of information technology resources or extensive clerical or supervisory assistance by personnel is required, the GAWIC Legal Unit will respond to the requestor to discuss the most appropriate procedure to efficiently meet the request.

B – Information requests are not continuing in nature. Therefore, a request only applies to information available at the time of the request. If additional information becomes available after the date of the original request, the requestor must submit a new request for this information. Any information or portions of information made available by GAWIC will be provided to the requestor in the same format they are maintained by the GAWIC.

If the requestor specifies a preference for a specific format, information will be produced in the requested format if:

- It is determined that the information exists and is subject to release
- GAWIC is capable of providing the information in the format requested
- The format requested is consistent with how the information is maintained.

C - Requests for information will be addressed and fulfilled according to the order in which they are received. Multiple requests from the same requestor and/or different requestors from the same organization will be addressed and fulfilled according to the order in which they are received, unless otherwise specified by the requestor or the organization.

D - Confidential vendor information will be transferred using the most secure, permissible modes of transmission to a requestor. Transmissions via email may only be made if encrypted.

EMPLOYEE CONFLICT OF INTEREST

It is essential to define what may constitute a conflict of interest between the staff responsible for vendor management oversight and an authorized WIC vendor in order to safeguard the confidentiality of WIC vendor information.

To ensure the integrity of the Georgia WIC Program, both of the Vendor Management oversight functions shall ensure that no undeclared conflict of interest or the appearance of a conflict of interest exists for any employees of the Office of Vendor Management (OVM) and the Department of Public Health (DPH) Office of the Inspector General (OIG). Both offices shall ensure that no conflict of interest exists between their personnel and authorized retailers. A conflict of interest will be deemed to exist when an employee of a vendor

oversight function is also a worker, owner or has relatives who work at or own a WIC approved retailer/vendor.

WIC OVM and OIG employees shall not engage in any activities which creates a conflict of interest between the employees' assigned functions and any other interests or obligations or those of immediate family members or business associates.

WIC OVM and OIG employees shall not engage in activities which violate federal or state laws, WIC Policies, or which, in any way, diminish the integrity, efficiency, or quality of the WIC Program.

WIC OVM and OIG employees shall not perform their official duties in a manner that would result in preferential or discriminatory treatment to any vendor.

WIC OVM and OIG employees shall not, directly or indirectly, ask for, give, receive, or agree to receive any compensation, gift, reward, or gratuity for performing, omitting, or deferring the performance of any job related duties.

WIC OVM and OIG employees shall not abuse, misuse, or disclose confidential information in a manner that can result in a direct benefit to employee or immediate family member or business associate.

WIC OVM and OIG employees must refrain from directing or recommending that a WIC participant choose or stay away from a specific vendor/retailer to redeem benefits.

WIC OVM and OIG employees must refrain from knowingly making a decision intended to benefit or to disadvantage a specific authorized WIC vendor/retailer.

An owner or spouse of an owner of a WIC authorized vendor is prohibited from being concurrently employed by WIC.

NOTE: Failure to comply with the terms of this policy may result in the employee being subject to appropriate disciplinary or corrective action, including dismissal.

All conflicts of interest issues or complaints shall be reported directly to the DPH Office of Human Resources.

This policy does not intend to deny any employee opportunities available to all other citizens of the state to acquire private economic or other interests so long as this does not interfere with their WIC duties or disadvantage the WIC Program in any manner. Conflicts of interest are not necessarily unwarranted, unethical or illegal, nor are they always avoidable. Rather, it is the failure to disclose conflicts or potential conflicts to appropriate authorities; to comply with approved conflict of interest policies; to continue to engage in a conflict after disapproval by appropriate authorities; or to further conduct oneself in a manner that unethically hurts, hinders, or disadvantages the WIC Program that must be avoided.

ADMINISTRATION OF THE CONFLICT OF INTEREST POLICY

Through education and supervision of OVM and OIG staff, OVM will ensure that no conflict of interest exists between OVM and OIG staff and/or vendors (retailers). All federal regulations, state statutes and OVM policies that address the avoidance of a conflict of interest and the

safeguarding of vendor information will be reviewed with each OVM and OIG staff within the 1st week of employment and every two (2) years thereafter.

All OVM and OIG staff members shall sign a COI statement upon employment and once every two (2) years to coincide with the state agencies Management Evaluation. The employee's supervisor shall also sign and date the COI statement. A copy of the completed and signed statement for each staff member shall be maintained in the employee file in the Office of the State WIC Director.

Each DPH Employee signs a Confidentiality Agreement during New Employee Orientation. The agreement is comprehensive and safeguards the sensitive information about vendors or potential vendors and addresses the commitment to not show prejudice or favoritism toward vendors or potential vendors. Additionally, the signee agrees to not share information with any person or entity that may result in an unfair advantage for any vendor as it related to the Department of Public Health procurement activities.

The signed agreement is maintained in the Office of Human Resources. The tenets of the Confidentiality Agreement will be reviewed at the time that the staff member signs a conflict of interest statement (**See Attachment VM-15, Vendor Management Employee Conflict of Interest Statement**) for clarity and understanding.

XVII. APPROVAL OF WIC INFANT FORMULA SUPPLIERS

Authorized WIC vendors are required to purchase WIC infant formula, to be exchanged for WIC food instruments, directly from a WIC approved supplier or manufacturer included on a list provided by the Georgia WIC Program. The list includes manufacturers registered with the Food and Drug Administration (FDA) as well as licensed wholesalers, distributors and suppliers. Only Georgia WIC approved Infant Formula is eligible for purchase and distribution.

The list does not include retailers who sell infant formula. Manufacturers and wholesalers/distributors/suppliers are listed separately. Vendors may not appeal the State's decision to include or exclude an infant formula wholesaler, distributor or manufacturer from the approved list.

Licensing Food Firms – Wholesalers, Distributors and Suppliers

- 1) Georgia based corporations must be registered with the Georgia Secretary of State with an Active/Compliance status.
- 2) Georgia based wholesalers, distributors and suppliers must have a Food Sales Establishment license, in good standing, from the Georgia Department of Agriculture. Licenses are renewed annually beginning on July 1st.
- 3) Non-Georgia based entities must be approved by another state's WIC program.

Note: All suppliers approved prior to November 1, 2014 are grandfathered on to the list.

HOW SUPPLIER INFORMATION IS REQUESTED

A current list is posted on the Georgia WIC Vendor Management (OVM) Website and available to applicants and authorized vendors. The Infant Formula supplier list will be updated as suppliers are added or at a minimum, annually. Annual updates shall observe the Federal Fiscal year of October 1st through September 30th.

HOW NEW SUPPLIER REQUESTS ARE PROCESSED

New or prospective suppliers may be added to the list of approved infant formula suppliers via two scenarios: (1) an authorized WIC vendor would like to purchase infant formula from a source that is not on the list or (2) a supplier would like to be added to the list. The prospective supplier must contact the OVM and submit a formal request to be added to the list.

The prospective supplier will be directed to the Formula Supplier form located on the Georgia WIC Vendor Management Website. The completed Formula Supplier form must be returned to the OVM via certified mail for processing. All Georgia corporations will be verified for active and compliant registration status with the Georgia Secretary of State. Georgia suppliers must submit a copy of a Food Sales Establishment license that is in good standing with the Georgia Department of Agriculture at the time of the request. Suppliers based outside of Georgia must submit a Food Sales Establishment license that is in good standing with their resident state and

The program will notify the supplier of a decision within 5 to 7 business days of receipt of the completed Formula Supplier form via certified mail using the form letter entitled Formula Supplier Notification Letter.

A supplier will be added to the supplier list within 2 business days after an affirmative decision to recognize the supplier as an authorized source of infant formula purchases. A request to post the updated supplier list to the Georgia WIC Vendor Website will be submitted to the Department of Public Health Communications Team.

The newly posted supplier list will have an effective date that reflects the date that the last supplier(s) was added to the approved list. See the Approved Infant Formula Suppliers list at: <https://dph.georgia.gov/vendor-information>.

Attachments

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**GEORGIA WIC PROGRAM
APPLICATION FOR VENDOR AUTHORIZATION AND INSTRUCTIONS**

Complete this application in its entirety. Incomplete applications will not be processed. Any misrepresentations and/or omissions made with respect to the information requested in this application may result in denial of the application or termination of the vendor agreement.

Check (✓) one

A.	<input type="checkbox"/> New Application	<input type="checkbox"/> Re-Authorization <i>(Enter current vendor number)</i>	VN#		
	<input type="checkbox"/> Addition of New Store Locations <i>(Attach list of existing WIC authorized stores owned by the corporate vendor.)</i>				
(New Vendors must provide food sales data within six months of authorization)					
B.	1. Is this store owned by a corporate entity?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. Enter the total number of stores for which the applicant is seeking authorization. <i>(If seeking authorization for two or more stores, applicant must complete a Corporate Attachment form for each store.)</i>				
	3. How many food stores are owned by applicant <i>(This includes stores located within and outside Georgia, as well as those stores for which the applicant is NOT seeking WIC authorization.)</i>				
C.	Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D.	Is this application submitted as a result of a change in the store's location?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
E.	Does this store location only sell special infant formula, including medical foods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART I - STORE IDENTIFICATION

1.	Full Legal Name of Store:	Store Number: #		
	Full Legal Name of Corporation <i>(if applicable)</i> :			
	Registered Agent's Full Name <i>(if applicable)</i> :			
	Store Manager's Full Name:			
CONTACT INFORMATION				
2.	Business Telephone Number: () -	Fax Number: () -		
	E-mail Address <i>(Required)</i> :			
Physical Location				
	Street Address/Rural Route:			
	City:	State:	County:	Zip +4
Mailing Address <i>(If different from above, a P.O. Box must be accompanied by a street address)</i>				
	Street Address			
	City	State	Zip + 4	
	P.O. Box			
	City	State	Zip + 4	
3.	Square Footage of Store Retail Space Open to the Public <i>(excluding administrative and storage area)</i> _____			

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4.	a. Food Sales Establishment License Number. Enter the license number and expiration date of the license, and attach a copy of the license to this application.	# _____ Exp. Date. _____
	b. Business License Number. Enter the license number and expiration date of the license, and attach a copy of the business license to this application.	# _____ Exp. Date. _____
5.	Does this store currently participate in SNAP (formerly the Food Stamp Program)? If yes, enter the FNS Number found on your SNAP permit and attach a copy of the permit to this application. # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Business – Check (✓) Only One		
6.	<input type="checkbox"/> Independent	<input type="checkbox"/> Commissary
	<input type="checkbox"/> Chain	<input type="checkbox"/> Pharmacy License (provide a copy of license) License # _____
7.	a. Federal Employer Identification Number (FEIN): _____	Owner's SSN _____
	b. Secretary of State Control Number: _____	
8.	a. Will this store be dependent upon receiving WIC authorization to remain sustainable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. How was the store acquired? <input type="checkbox"/> Sale <input type="checkbox"/> Lease (Provide a copy of bill of sale or executed lease if applicable) From whom was the store acquired? _____ Date store will open(ed)? _____	What date was the store acquired? _____/_____/_____ Month Day Year _____/_____/_____ Month Day Year
	c. What date will the store have the required minimum inventory of Approved WIC food and Non-WIC foods in stock?	_____/_____/_____ Month Day Year
9.	a. Are you related to previous owner(s) by blood or marriage? If yes, what is the relationship? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Has the owner(s) ever owned a business(es) authorized by the Georgia WIC Program? If yes, list stores below. (Attach additional documentation, if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.	STORE NAME	VENDOR NUMBER
2.	STORE NAME	VENDOR NUMBER
c.	Has the previous owner(s) ever owned a store(s)/business(es) that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor? (If yes, attach an explanation identifying the store and location, the specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Has the previous owner(s) ever owned a store(s) that was disqualified, terminated, or assessed a Civil Money Penalty while an active WIC vendor in another state? (If yes, attach an explanation identifying the store and location, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Has the previous owner(s) ever owned a store(s)/business(es) that was withdrawn, disqualified, or terminated from SNAP, or which was assessed a Civil Money Penalty from SNAP? (If yes, attached an explanation identifying the store and location, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

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f. Has this store ever operated under another name in Georgia? If yes, list the store name(s), store location(s) and the dates of operation under that name. <i>(Attach additional documentation, if necessary.)</i> Name: _____ Address: _____ _____ Dates of Operation: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

PART II – STORE OWNERSHIP AND MANAGEMENT

10. Type of Ownership – Check (√) one and attach relevant documentation (see instructions for details).

<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Privately owned corporation	<input type="checkbox"/> Government owned
<input type="checkbox"/> Partnership	<input type="checkbox"/> Publicly owned corporation	<input type="checkbox"/> Limited Liability Corporation

11. List the full name of **every** owner, partner, or corporate officer (e.g., President, Vice President, Secretary, etc.) who has at least a five percent (5%) financial interest in the business. Attach additional sheets, if needed. Shortened versions of a name, including nicknames and initials, are not acceptable. If you indicated in Question #10 that the business is either a publicly owned corporation or government owned, skip this section.

First Name	Middle Name	Last Name	Social Security Number
a.			
1.			
Date of Birth	/ /		
First Name	Middle Name	Last Name	Social Security Number
2.			
Date of Birth	/ /		
First Name	Middle Name	Last Name	Social Security Number
3.			
Date of Birth	/ /		
First Name	Middle Name	Last Name	Social Security Number
4.			
Date of Birth	/ /		
b.	Name of Registered Agent:		
	Address of Registered Agent:		

<p>12. Prior WIC Applications. Including this store, have any of the current owner(s), partner(s), or corporate officer(s) previously applied for vendor authorization to the Georgia WIC Program? <i>(If yes, attach an explanation identifying the individual, the store name and location, the date the application was submitted, and whether the application was denied or approved.)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Ownership History</p>	
<p>a. Including this store, have any of the current owner(s), partner(s), or corporate officer(s) ever owned or managed a store/business that was disqualified, terminated, or assessed a Civil Money Penalty, while an active Georgia WIC vendor? <i>(If yes, attach an explanation identifying the owner, the store name and location, store vendor number, the basis for the sanction imposed and the effective date of the sanction).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>b. Including this store, have any of the current owner(s), partner(s), or corporate officer(s) ever owned or managed a store/business that was disqualified, assessed a Civil Money Penalty, or terminated from SNAP? <i>(If yes, attach an explanation identifying the owner, the store name and location, SNAP permit number, the basis for the sanction imposed and the effective date of the sanction).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. Have any of the current owner(s), partner(s), or corporate officer(s) ever been convicted of or had a civil judgment for fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice? <i>(If yes, attach an explanation identifying the person, the date of the judgment and the nature of the violation).</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>d. Do any of the current owner(s), partner(s), or corporate officer(s) currently own or have any involvement with other WIC approved stores, either in the State of Georgia or outside of Georgia? <i>(If yes, attach an explanation identifying the person(s) and the store(s) owned, including the store name(s), address(es) and vendor number(s).)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>e. Have any of the current owner(s), partner(s), or corporate officer(s) previously owned, or had any involvement with other WIC approved stores, either in the State of Georgia or outside of Georgia? <i>(If yes, attach an explanation identifying the person(s) and the store(s) owned, including the store name(s), address(es) and vendor number(s).)</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>f. Identify any relatives, who are related by blood or marriage, who own/have owned, or have current or previous involvement with a WIC approved store(s), either in the State of Georgia or outside of Georgia. <i>(Attach an explanation, identifying the name(s) of the individual(s), the name of the individual to whom they are related, the nature of the relationship, the store name(s), the store's address(es) and the store's vendor number(s).)</i></p>	
<p>g. Identify any relatives, related by blood or marriage, who has ever owned or managed a business that was disqualified, assessed a Civil Money Penalty, or terminated from the Georgia WIC Program. <i>(Attach an explanation, identifying the name of the owner/officer/manager, the name of the family member, the nature of their relationship, the store name and address, the store's vendor number, the specific sanction imposed and the effective date of the sanction).</i></p>	
<p>h. Identify any affiliates who own/have owned, or who have current or previous involvement with a WIC approved store(s), either in the State of Georgia or outside of Georgia. <i>(Attach an explanation, identifying the name of the owner/officer/manager, the name of the relative, the nature of their relationship, the store name and address, and the store's vendor number. For corporate vendors, this includes subsidiaries of this business or parent companies for which this store is a subsidiary).</i></p>	
<p>i. Identify any affiliate who ever owned or managed a business that was disqualified, assessed a Civil Money Penalty, or terminated from the Georgia WIC Program. <i>(Attach an explanation, identifying the owner/officer/manager, the name of the business affiliate, the store name and address, the store's vendor number, the nature of the affiliation, the specific sanction imposed and the effective date of the sanction).</i></p>	

PART III.A. – OPERATIONS AND SALES					
Hours of Business					
14.	<input type="checkbox"/> Check (✓) here if opened 24 hours each day	Wednesday	a.m.	p.m./a.m.	
	Sunday	a.m.	p.m./a.m.	Thursday	a.m. p.m./a.m.
	Monday	a.m.	p.m./a.m.	Friday	a.m. p.m./a.m.
	Tuesday	a.m.	p.m./a.m.	Saturday	a.m. p.m./a.m.

15. Processes for Food Sales Transactions:

- a. Number of Cash Registers
- b. Number of Scanners
- c. Can Scanners detect WIC eligible foods? Yes No
- d. Does your store have a Point of Sale device? Yes No
- e. Please check all forms of payment your store will be accepting.

Cash	EBT	Debit	Credit	Checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Bank Information. Enter information pertaining to where the store will deposit all WIC food instruments and cash value vouchers. If the applicant is a Corporate Vendor, enter the specific bank information for each store for which WIC authorization is sought on the Corporate Attachment Form.

- a. Bank Name _____
 Street Number & Name _____
 City, State, and Zip+4 _____
 Telephone Number (including Area Code) _____
- b. Business Routing and Account Number
 - 1. Routing Number _____
 - 2. Account Number _____

PART III.B. - OPERATIONS AND SALES – VENDOR COST CONTAINMENT

Applicant vendors MUST submit with this application a signed and notarized Georgia Department of Revenue Form (GDOR) RD1062 and the prior tax year's sales and use information submitted to GDOR.

- 17. a. What were the store's sales of "SNAP Eligible" foods for the prior tax year? \$ _____
- b. Were prior tax year "SNAP" sales less than \$2,100.00? Yes No

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c. What was the actual percent of annual food sales derived from the following types of payments for the prior tax year? *(Total must equal 100%)*

Cash/Personal Checks _____ %
 Debit/Credit Cards _____ %
 SNAP _____ %
 WIC Food Instruments _____ %
Total = 100%

d. **Annual Gross Sales.** Check the box and provide the annual gross sales earned by the store for the prior tax year.

Actual Gross Sales \$ _____ For the prior tax year _____

18. **Annual Exempt Sales**

a. Does the store sell Gasoline? *(If yes, provide actual sales of Gasoline from the prior tax year)* Yes No
 \$ _____

b. Does the store sell Georgia lottery tickets? *(If yes, provide actual sales of Georgia lottery tickets from the prior tax year)* Yes No
 \$ _____

c. Does the store sell vitamins and/or dietary supplements? *(If yes, provide actual sales of vitamins/dietary supplements from the prior tax year)* Yes No
 \$ _____

d. In addition to WIC/SNAP items, does the store sell any exempt non-SNAP/non-Food (non-taxable) items? *(If yes, list the items – attach additional documentation as needed)* Yes No

(For list of non-taxable items visit: http://dor.georgia.gov/sites/dor.georgia.gov/files/related_files/document/LATP/Guide/2014%20List%20of%20Sales%20and%20Use%20a%20Exemptions.pdf)

Total sales of Non-Foods or non-SNAP eligible foods from the prior tax year that are exempt \$ _____

f. Total number of Exempt Sales *(From the prior tax year)*

g. Are "WIC" sales from the prior tax year less than \$2,100.00? Yes No N/A

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PART IV - INVENTORY AND PRICE LIST		
19.	a. Was all infant formula that will be used to redeem WIC food instruments purchased from suppliers listed on the Approved Infant Formula Supplier list? (visit http://dph.georgia.gov/vendor-information and select Approved Infant Formula Suppliers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement.</i>		
b. If yes, indicate the name of the supplier, address, city, State and zip. (Attach additional documentation as necessary.)		
Supplier		
Address		
City	State	Zip
Supplier		
Address		
City	State	Zip

20. **STAPLE FOODS CATEGORIES CARRIED IN STOCK:** All vendors, except pharmacies, must carry food items other than WIC Approved Foods. These items are considered Non-WIC Inventory. Non-WIC Inventory includes dried, frozen, canned/jar, boxed, fresh, refrigerated, etc. Staple foods **do not** include prepared foods or accessory foods, such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks.

What percentage of each item does this store carry from the following food groups? The total percentage **must** equal one-hundred percent (100%).

%	A. Meats, Poultry and/or Seafood (refrigerated)
%	B. Breads and Cereal Products
%	C. Dairy (e.g. milk, cheese, yogurt, etc.)
%	D. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
%	E. Cans, Jars, Bottled Goods (i.e. mayo, ketchup, relish, etc.)
%	F. Beverages
%	G. Snack Foods (crackers, granola bars, etc.)
100 %	

21. **MINIMUM INVENTORY OF WIC-ELIGIBLE FOOD ITEMS.** Please enter the required information below for each food item the store will have in its inventory. For the most current list of food brands that are WIC-Approved, visit the Georgia WIC Program website, at <http://dph.georgia.gov/vendor-information> and select the link, "WIC Approved Foods (effective April 2015)".

Applicant vendors **must submit** purchase invoice receipts, bills of lading, or recent invoices that depict the purchase of all items intended for sale in their stores upon request. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc. Failure to submit the requested documentation within ten (10) days of the request will result in denial of the vendor application.

MINIMUM WIC-ELIGIBLE INVENTORY					
	Food Item	Brand or Type	Size	Highest Price or Least Expensive where indicated	On Site Price
					Office Use Only
1.	Juice 100%		48 oz	\$	
2.	Vitamin C fortified Calcium fortified allowed		64 oz		
3.	Cereal		11-36 oz (indicate size)		
4.	Beans/Peas/Lentils		1 Pound Packages		
	Beans/Peas/Lentils		15-16 oz Cans (indicate size)		
5.	Peanut Butter		16-18 oz Jars (indicate size)		
6.	Dry Infant Cereal		8 oz Containers		
7.	Gerber Good Start Gentle		12.1 oz Concentrate		
	Gerber Good Start Gentle		12.7 oz Powder		
	Gerber Good Start Soy		12.9 oz Powder		
8.	Whole Milk		Gallon (Least Expensive)		
9.	Fat Free/Skim Milk, Low Fat (1%), Reduced Fat (2%)		Gallon (Least Expensive)		
10.	Nonfat Dry Milk		Makes 3 quarts		
11.	Cheese		16 oz (1 Pound) (Least Expensive)		
12.	Eggs (Grade A Large)		1 Dozen Carton (Least Expensive)		
13.	Fresh Fruit and Vegetables		Fresh: 20 types combined fruits and vegetables	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
14.	Whole Grain Bread		16 oz Loaf		
15.	Fish: Tuna (water packed)		5 oz. can (indicate size) Least Expensive		
	Fish: Pink Salmon		6 oz. OR 14.75 oz. can (indicate size) Least Expensive		
16.	Infant Fruits and Vegetables		4 oz Jar or 2 x 3.5 oz		
17.	Infant Meats		2.5 oz Containers		

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PART V – STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT – The solicitation of the information requested in this application is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR § 246.12), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). The provision of this information is voluntary and will be used to determine eligibility of a store to participate in the Georgia WIC Program as an authorized vendor; to routinely monitor authorized vendors for compliance with Georgia WIC Program’s policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program management. Failure to provide this information may result in the denial of authorization for new vendor applicants or termination of authorized vendors from the WIC Program.

WARNING STATEMENT – Information in this application will be verified with other agencies. Vendor authorization may be denied or terminated if it is determined that the vendor applicant provided false statements, made false representations, or used any false writing or documentation in connection with this application. Authorization may be denied or terminated if the vendor applicant violates any laws or regulations issued by Federal, State, or local programs, including Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamps Program).

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

1. I have the authority to apply for Georgia WIC Program vendor authorization on behalf of the applying store.
2. I have the authority to enter into a WIC Vendor Agreement between the applying store and the Georgia Department of Public Health’s Georgia WIC Program.
3. I will timely notify the Georgia WIC Program of any changes made to the operation, management, and ownership of the applying store upon authorization as required by the Georgia WIC Program.
4. I affirm that all statements made in this application are true.
5. I read and understand the penalties in the warning statement above. I understand that false or incomplete information provided to the Georgia WIC Program or violation of the terms of the WIC Vendor Agreement shall result in termination of that agreement.
6. I understand that the ownership and management of this store will be responsible for understanding the requirements, policies, and procedures appearing in the WIC Vendor Handbook, which is considered part of the WIC Vendor Agreement.
7. I authorize Georgia WIC Program to investigate my background and that of every owner, partner, or corporate officer with a financial interest in the applying store for purposes of evaluating my vendor application. I understand that I may withhold my permission and that in such cases, no background checks will be done and my vendor application will not be processed further.

SIGNATURE _____ DATE _____
(No initials)

PRINT NAME _____
(No initials)

TITLE _____

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities).

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (for Spanish).

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Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g. Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer

Return application to:
DO NOT FAX
DO NOT HAND DELIVER

Georgia WIC Program
Office of Vendor Management
2 Peachtree Street, NW
10th Floor
Atlanta, Georgia 30303-3142
Toll-free:1-866-814-5468

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INSTRUCTIONS FOR COMPLETING THE VENDOR APPLICATION

- A. Check the appropriate box to indicate if the application is a new application for authorization, a re-authorization application, or if this application is associated with the addition of new stores by a corporate vendor. If application is a re-authorization application, please enter the current vendor number in the space provided. If the application is associated with the addition of new stores, attach a list of existing WIC authorized stores owned by the corporate vendor.
- B.1. Answer "yes" or "no" if the applying store is owned by a corporate entity.
- B.2. Enter the total number of food store locations for which the applicant is seeking authorization. If the applicant is seeking authorization for two or more stores, complete a Corporate Attachment Form must be completed for each store.
- B.3. Enter the total number of food store locations owned by the applicant. This includes those stores that are located within and outside Georgia, as well as those stores that are not WIC authorized and those stores for which the applicant is NOT seeking WIC authorization.
- C. Answer "yes" or "no" if the store expects to derive more than 50% of its annual food sales from the sale of WIC approved foods.
- D. Answer "yes" or "no" if application is being submitted as a result of a change in the store's location.
- E. Answer "yes" or "no" if the store location sells exempt (non-contract) or special infant formula, including medical foods, only. **Please note: ONLY LICENSED PHARMACIES SEEKING WIC AUTHORIZATION ARE AUTHORIZED TO REDEEM SUCH PRODUCTS.**

PART I - STORE IDENTIFICATION

- 1. **FULL LEGAL NAME OF STORE.** Enter the name of the store. Include the store number, if applicable. The WIC program defines a Corporate Vendor as an authorized vendor that is owned by a corporate entity. If applying for WIC authorization for multiple stores that are owned by a corporate entity, enter "CA" (Corporate Attachment Form) on this line and complete a Corporate Attachment form for each store.
FULL LEGAL NAME OF CORPORATION (if applicable). Enter the legal name of the corporation, limited liability company, or partnership that owns the store **for which you seek authorization**. If the corporate entity has a division or department that is dedicated to handling WIC issues, include the name of the division or department after the name.
REGISTERED AGENT'S NAME. Enter the name of the person designated to serve as the registered agent for the corporate entity, limited liability company, or partnership.
MANAGER'S NAME. Enter the name of the person who is responsible for this store location. For Corporate Vendors enter "CA", and provide this information in the section, "Store Contact and Title", of the Corporate Attachment form for each store. Also, enter the email address for the manager for each store where indicated on the Corporate Attachment form.
- 2. **CONTACT INFORMATION**
BUSINESS TELEPHONE NUMBER. Enter the main telephone number of the store. **DO NOT LIST MOBILE TELEPHONE NUMBERS.** For Corporate Vendors, enter the

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main telephone number for the corporation's home office. If the corporation has a division or department that is dedicated to handling WIC issues, enter the telephone number of the division or department. Include an extension, if applicable.

FAX NUMBER. Enter the fax number for the store. For Corporate Vendors, enter the main fax number for the corporation's home office. If the corporation has a division or department dedicated to handling WIC issues, enter the fax number of the division or department.

E-MAIL ADDRESS. Enter the e-mail address for the point of contact for the store. For Corporate Vendors, enter the main e-mail address for the corporation's home office on the application, and include on the Corporate Attachment form (where indicated) the email address for the designated point of contact for each store.

PHYSICAL LOCATION. Enter the street name and number, city, county, State and zip code for the store's physical location. For Corporate Vendors, enter "CA" and provide this information for each store on the Corporate Attachment Form. **DO NOT enter a post office box address.** Also, attach a copy of the lease for the store location for a minimum period of three years or attach a copy of the deed for the store location.

MAILING ADDRESS. If the mailing address for the store is different from its physical location, provide the mailing address here. For Corporate Vendors, enter the mailing address of the corporation's home office and enter the mailing address for each store location on the Corporate Attachment Form. If the corporation has a division or department dedicated to handling WIC issues, include the floor/suite of the department or division.

3. SQUARE FOOTAGE. Enter the store's square footage of retail space that is open to the public, excluding those areas of the store that are used for office space or storage purposes. Attach documentation reflecting the store's square footage (e.g., diagram prepared by a licensed architect or obtained from the county tax assessor's office). For Corporate Vendors, enter "CA" in this section and enter the square footage on the Corporate Attachment Form for each store.
4. a. FOOD SALES ESTABLISHMENT LICENSE NUMBER. Enter the Food Sales Establishment License Number that is issued in the current owner's name and attach a copy of the license to the application. The name of the owner(s) listed on the application must match the name on the license. **Applying pharmacies and military commissaries are not required to provide this information and must enter Not Applicable (N/A).** Corporate Vendors must enter "CA", and provide this information on the Corporate Attachment form for each applying store.
 - b. BUSINESS LICENSE. Enter the business license number and its expiration date and attach a copy of the business license to the application.
5. SNAP PERMIT. Answer "YES" or "NO" and enter the FNS number, if applicable. Applicants must attach a copy of the SNAP permit. Corporate vendors must enter "CA" and provide this information on the Corporate Attachment Form for each applying store.
6. TYPE OF BUSINESS. Check the box that best describes the store. The following are brief definitions for each type of business entity listed on the vendor authorization application:
 - Independent - A store that is independently owned by a person or group.
 - Chain - An individual or organization, whether corporate or non-corporate, that owns 20 or more locations within and outside the State of Georgia.
 - Commissary - A military outlet that provides goods and services for military personnel and their families. Commissaries receive exemptions through the 1983 Memorandum of Understanding between the Food and Nutrition Service and the United States Department of Defense.
 - Pharmacy - A pharmacy that is licensed by the Georgia Board of Pharmacy. A pharmacy may participate in WIC to redeem exempt and/or special infant

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formulas, including special medical foods, ONLY. Enter the pharmacy license number and attach a copy of the license to the application.

7.
 - a. FEDERAL EMPLOYER IDENTIFICATION NUMBER. Enter the Federal Employer Identification Number (FEIN) assigned to the store by the Internal Revenue Service (IRS). If the owner is a sole proprietor and does not have a FEIN, enter the owner's Social Security Number (SSN). For Corporate Vendors, enter "CA", and include the FEIN on the Corporate Attachment Form for each applying store.
 - b. SOS CONTROL NUMBER. If the applicant's business is registered with the Secretary of State's Corporations' Division, enter the control number that was assigned to the business. If the store does not have a control number, enter "N/A".
8. MINIMUM INVENTORY AND OPENING DATE.
 - a. Answer "yes" or "no" whether this store is dependent upon WIC authorization to sustain its business operation.
 - b. ACQUISITION DATE. If the store was purchased from a prior owner, provide the name of the prior owner, the date the purchase occurred, and a copy of the bill of sale or closing documents. If the store is leased, attach a copy of the lease agreement. **A lease agreement must be for a minimum of three years.**
 - c. MINIMUM INVENTORY - Enter the specific month, day and year that ALL required quantity and variety of WIC-approved foods and non-WIC food items (including perishables) will be in stock and ready for inspection. To access the minimum inventory requirements, visit <http://dph.georgia.gov/vendor-information> and select "WIC Minimum Inventory Requirements". If the store is a pharmacy or military commissary, or if the store is applying for reauthorization, enter "N/A".
9. PREVIOUS OWNER'S HISTORY.
 - a. RELATIONSHIP TO OWNER. Check "yes" or "no" to indicate if the store's current owner(s), partner(s), or corporate officer(s) are related to the previous owner(s) by blood or marriage. If yes, specify the individual and the nature of the relationship.
 - b. OTHER WIC-AUTHORIZED STORES. Check "yes" or "no" to indicate if the prior owner(s) own other WIC authorized stores. If yes, enter each store's name and the WIC vendor number(s) in the space provided. Attach additional documentation if necessary.
 - c. PREVIOUS OWNER'S GEORGIA WIC SANCTION HISTORY. Check "yes" or "no" if the previous owner(s) ever owned a store(s) that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor. If yes, attach an explanation identifying the store, specific penalty imposed, and the effective date of the penalty.
 - d. PREVIOUS OWNER'S WIC SANCTION HISTORY FROM ANOTHER STATE. Check "yes" or "no" if the previous owner(s) ever owned a store(s) that was disqualified, terminated, or assessed a Civil Money Penalty while an active WIC vendor in another State. If yes, attach an explanation identifying the store, the specific penalty imposed, and the effective date of the penalty.
 - e. PREVIOUS OWNER'S SNAP HISTORY. Check "yes" or "no" to indicate if the previous owner(s) ever owned a store(s)/business(es) that was withdrawn, disqualified, or terminated from SNAP, or which received an assessment of a Civil Money Penalty. If yes, attach an explanation identifying the store name, the specific penalty imposed, and effective date of the penalty.
 - f. OPERATION UNDER ANOTHER NAME. Check "yes" or "no" to indicate if the store has ever operated under another name. If yes, list the store name(s), store location(s) and the dates of operation under that name.

Part II – STORE OWNERSHIP AND MANAGEMENT

10. TYPE OF OWNERSHIP. Check the type business entity structure that best describes how your store is owned:
- **Sole proprietorship.** A business that is owned by a single individual.
 - **Partnership.** A business that is owned by two or more individuals.
 - **Privately-owned corporation.** For purposes of this application, a privately-owned corporation has shares or stock that are not traded on a stock exchange, nor are available for purchase by the general public.
 - **Publicly-owned corporation.** For purposes of this application, a publicly-owned corporation has shares or stocks that are traded on a stock exchange and are available for purchase by the general public.
 - **Government owned entity.** A business entity that may include commissaries, pharmacies, or clinics that are owned and operated by county, state, or federal government agencies.
 - **Limited Liability Company (LLC).** A business combining both corporations and partnerships in that the business is required to register with the Secretary of State but does not have the same filing and record maintenance requirements as a corporation.

You must attach all documentation to verify the type of business entity you selected. Documentation may include the following:

<u>Type of Business Structure</u>	<u>Documentation Required</u>
• Sole proprietorship	N/A
• Partnership	Certificate of Limited Partnership
• Corporation	Articles of Incorporation
• Government-owned Entity	Any license and/or certificate required
• Limited Liability Company	Articles of Organization

11. OWNERSHIP/FINANCIAL INTEREST IN STORE.
- a. Enter the full name, Social Security number, and date of birth for each person who has a 5% or greater ownership/financial interest in the store. Attach additional documentation, if necessary. Provide the full name of each individual and his/her social security number and date of birth. Do not complete this section if the store is government owned or a publicly-owned corporation.
 - b. Registered Agent. Enter full name and mailing address of the person designated to serve as the registered agent for the corporate entity, limited liability company, or partnership.
12. PRIOR WIC APPLICATION SUBMISSION(S). Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) have ever applied for vendor authorization to the Georgia WIC program on behalf of this store and/or other store(s). If yes, attach an explanation identifying the individual, the store name and location, the date the application was submitted, and whether the application was denied or approved.
13. CURRENT OWNER'S HISTORY
- a. PREVIOUS GEORGIA WIC SANCTION HISTORY. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) have ever owned or managed

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- a store/business that was disqualified, terminated, or assessed a Civil Money Penalty while an active Georgia WIC vendor. If yes, attach an explanation, identifying the individual, the store name and location, store vendor number, the basis for the sanction imposed and the effective date of the sanction.
- b. PREVIOUS SNAP (formerly Food Stamps Program) SANCTION HISTORY. Check "yes" or "no" if the current owner(s), partner(s), or corporate officer(s) have ever owned or managed a store that was disqualified, terminated, or assessed a Civil Money Penalty from SNAP. If yes, attach an explanation, identifying the individual, the store name and location, the store's SNAP permit number, the basis for the sanction imposed and the effective date of the sanction.
- c. CONVICTIONS/JUDGMENTS. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) ever had a civil judgment involving fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims or obstruction of justice. If yes, attach an explanation identifying the person, the date of the judgment and nature of the violation.
- d. CURRENT WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) currently own or are otherwise involved with other WIC-approved stores either in the State of Georgia or outside of Georgia. If yes, attach a list identifying the store the name of the current owner(s), partner(s), or corporate officer(s), the store name and address, and the store's vendor number.
- e. PRIOR WIC INVOLVEMENT. Check "yes" or "no" to indicate if the current owner(s), partner(s), or corporate officer(s) previously owned, or were otherwise involved with other WIC-approved stores either in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the current owner(s), partner(s), or corporate officer(s), the store name and address of the store(s), and the store's vendor number.
- f. PRIOR OR CURRENT WIC INVOLVEMENT BY RELATIVES. Identify whether the current owner(s), partner(s), or corporate officer(s) have relatives, who are related by blood or marriage, who have currently or previously owned, or have otherwise had involvement with WIC-approved stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), the name of the relative, the nature of their relationship, the store name and address, and the store's vendor number.
- g. RELATIVES WHO HAVE RECEIVED WIC PENALTIES. Identify whether the current owner(s), partner(s), or corporate officer(s) has a relative(s), related by blood or marriage, who currently or previous owned or has otherwise had involvement with a WIC-approved store(s) that were disqualified from the Program, terminated from the Program, or were assessed a Civil Money Penalty. If yes, attach an explanation identifying the name of the owner(s), partner(s), or corporate officer(s), the name of the family member, the nature of their relationship, the store name and address, the store's vendor number, the specific sanction imposed and the effective date of the sanction.
- h. PRIOR OR CURRENT WIC INVOLVEMENT BY BUSINESS AFFILIATES. Identify whether the current owner(s), partner(s), or corporate officer(s) have business affiliates who have currently or previously owned, or have otherwise had involvement with, WIC-approved stores in the State of Georgia or outside of Georgia. If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), the name of the relative, the nature of their relationship, the store name and address, and the store's vendor number. For corporate vendors, this includes subsidiaries of this business or parent companies for which this store is a subsidiary.
- i. BUSINESS AFFILIATES WHO HAVE RECEIVED WIC PENALTIES. Identify whether the current owner(s), partner(s), or corporate officer(s) has business affiliates, who currently or previously owned or have otherwise had involvement with WIC-approved stores that were disqualified from the Georgia WIC Program, terminated from the Georgia WIC Program, or were assessed a Civil Money Penalty.

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If yes, attach a list that includes the name of the owner(s), partner(s), or corporate officer(s), the name of the business affiliate, the store name and address, the store's vendor number, the nature of the affiliation, the specific sanction imposed and the effective date of the sanction.

PART III.A. – OPERATIONS AND SALES

14. HOURS OF BUSINESS. Enter the hours the store is actually open for business each day. For Corporate Vendors, enter "CA" and provide the specific hours of operation on the Corporate Attachment form for each applying store.
15. PROCESSES FOR FOOD SALES TRANSACTIONS. Enter the required information (a-e) pertaining to the method(s) used by the store to process food transactions. For Corporate Vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store.
16. BANK INFORMATION. Enter the name and contact information of the banking institution where all WIC food instruments and cash value vouchers will be deposited. The routing number and account number for that account must also be listed. For Corporate Vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store. NOTE: The banking information entered MUST match the banking information entered on the ACH form. Further, if the store's banking information changes, Georgia WIC must be notified within two business days of the change.

PART III.B. – OPERATIONS AND SALES – VENDOR COST CONTAINMENT

17. SNAP ELIGIBLE, EXEMPT AND NON-EXEMPT FOOD SALES INFORMATION. Applicants MUST attach to the application a signed and notarized Georgia Department of Revenue (GDOR) Form RD1062 AND its prior tax year sales return. Georgia WIC has prepared a prefilled Form RD1062 that must be completed and included with the application. To download the prefilled Form RD1062, visit <http://dph.georgia.gov/vendor-information> and select "Form RD1062". NOTE: Failure to include the required documentation with the application may result in denial of authorization.
 - a. SNAP ELIGIBLE FOOD SALES. Enter the store's SNAP eligible food sales from the prior tax year. If an existing store for which WIC authorization is being sought was recently acquired, this information and/or documentation for the recently acquired store must be provided to support that the store's new owners have a minimum of 12 months retail grocer experience. **ESTIMATES OF PRIOR TAX YEAR FOOD SALES WILL NOT BE ACCEPTED.**
 - b. Answer "yes" or "no" if the store's SNAP eligible food sales from the prior tax year were less than \$2,100.00.
 - c. FORMS OF PAYMENT FOR PRIOR TAX YEAR FOOD SALES. Enter the percentage of food sales derived from each type of payment that is listed for the prior tax year.

- d. ANNUAL GROSS SALES. Enter the total gross sales for the prior tax year for the applying store. Documentation must be attached to support the information provided (e.g., prior year state and federal tax returns).
18. ANNUAL EXEMPT SALES
- a. GASOLINE SALES. Answer "yes" or "no". If yes, enter the total amount of gasoline sales for the prior tax year and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management at least 21 days in advance of such change to the store's operations.
- b. GEORGIA LOTTERY TICKET SALES. Answer "yes" or "no". If yes, enter the total amount of lottery ticket sales for the prior tax year and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management at least 21 days in advance of such change to the store's operations.
- c. SALE OF VITAMINS/DIETARY SUPPLEMENTS. Answer "yes" or "no". If yes, enter the total amount of sales of vitamins/dietary supplements and attach the relevant documentation to support the entry. **NOTE:** Should the response to this question change after authorization, notice must be provided to Georgia WIC's Office of Vendor Management at least 21 days in advance of such change to the store's operations.
- d. SALES INFORMATION FOR EXEMPT NON-FOOD SALES. Answer "yes" or "no". If yes, list all non-food items that are sold in the store. Attach additional documentation if necessary. For a list of all exempt non-food items, please visit: https://etax.dor.ga.gov/salestax/TLP_2011_List_of_Sales_and_Use_Tax_Exemptions.pdf.
- e. Enter the requested information for the prior tax year and attach the relevant documentation to support the entry.
- f. Enter the total amount of exempt sales – exempt food sales and exempt non-food sales – for the prior tax year (Add the totals entered in 17.a. and 18.e.).
- g. Answer this question ONLY if this application is being completed as part of reauthorization. Otherwise, select "N/A".

PART IV – INVENTORY AND PRICE LIST

This section must be completed and all documentation attached that supports the information entered (e.g. purchase invoice receipts for all WIC food items and non-WIC food items, bills of lading, prior state and federal tax returns, etc.). For Corporate Vendors, enter "CA" and provide the requested information and supporting documentation on the Corporate Attachment Form for each applying store. **Military Commissaries and Pharmacy Applicants/Vendors DO NOT need to complete Part IV.**

19. INFANT FORMULA SUPPLIER. All applicants are required to purchase infant formula ONLY from suppliers who are included on the Georgia WIC Program's Approved Infant Formula Supplier List. For a comprehensive list of all approved suppliers, visit <http://dph.georgia.gov/vendor-information> and select the link, "Approved Infant Formula Suppliers".
- a. Answer "yes" or "no" and attach all invoices documenting the purchase(s) of contract formula made in preparation for the pre-authorization visit. For Corporate Vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

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- b. Enter the name and address of each infant formula supplier from whom the store purchases contract infant formula inventory.
20. STOCKED STAPLE FOODS CATEGORIES. Enter the percentage of what the store carries beside each category of food. Percentage totals must equal 100%. If a previously owned store for which WIC authorization is being sought was recently acquired, the food sales history from the previous owner must be used.
21. MINIMUM INVENTORY OF WIC-ELIGIBLE FOOD ITEMS. For each food item, enter the **brand name or type** of each WIC-eligible food item in stock. Where indicated, enter the specific can, jar, or box size and enter the **highest price or least expensive price** of each approved WIC food item. Use the current WIC-Approved Foods List ("Minimum Inventory") to complete this section. Do not complete the shaded areas. For Corporate vendors, enter "CA" and provide this information on the Corporate Attachment Form for each applying store.

In addition to meeting minimum inventory requirements for WIC-eligible food items, applicants must also have substantial inventory of non-WIC food items. For a current, comprehensive list of these requirements, visit <http://dph.georgia.gov/vendor-information> and select "Georgia WIC Program Minimum Inventory Requirements", which also includes guidance on non-WIC inventory. If an applicant is unable to download the minimum inventory list, contact the Office of Vendor Management to request a copy by mail. All WIC-approved and non-WIC food items must be in stock by the date specified in question 8.c. of this application.

PART V – STATEMENT AND CERTIFICATION

Applicants must **review and sign** the Privacy Act Statement, Warning Statement and Certification.

An owner or authorized representative must sign, print name, provide his/her title, and date the application. Initials or a shortened version of a name are **not** acceptable.

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Selection Criteria for Vendor Authorization

Vendor authorization is the process by which the State Agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as WIC vendors. Authorization to participate in the program as a vendor is a privilege, not a right. As a steward of public funds, Georgia WIC must balance the need for participant access with the duty to obtain the lowest fair prices for WIC foods and to prevent fraud.

Number and Distribution of Authorized Vendors

The Georgia Women, Infants and Children Program shall not discriminate against an applicant or vendor on the basis of race, color, national origin, age, sex, handicap, disability or other impermissible basis as set forth in applicable state or federal law. Federal regulations require that Georgia WIC establish standards for vendor authorization to secure a sufficient number and distribution of vendors that will ensure reasonable participant access and permit effective management of the program. Georgia WIC may establish criteria to limit the number of stores it authorizes as long as the limiting criteria are applied consistently.

The primary method of regulating the number of authorized vendors is through the use of a vendor-to-participant ratio. The vendor-to-participant ratios are determined prior to each application/authorization period. For vendor authorization, exceptions to the vendor-to-participant ratio conclusions may be considered under the following circumstances:

- The need to ensure that each food instrument issuance clinic site in the state has an authorized vendor within a 10 mile radius;
- The need to provide adequate service to participants in a population center of at least ten (10) individuals who have no access to an authorized vendor within a 10 mile radius of the population center.
- The need to provide adequate service to participants when circumstances make it necessary. Those circumstances may include, but are not limited to, the following:
 - A. New clinic site opening;
 - B. Participant caseload increases;
 - C. New participant population center recognized;
 - D. Store closings, either voluntary or due to catastrophe;
 - E. Problems with WIC Program compliance;
 - F. Problems caused by non-compliance with Food Stamp regulations.

Application Acceptance Periods; Re-application Limitations After Application Denial

Applications for WIC vendor authorization will only be accepted during the following periods: Between October 1st to December 31st and March 1st to May 31st of each federal fiscal year.

If an application for authorization is denied, the applicant will be barred from reapplication for period of one (1) year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

1. Accepting WIC vouchers prior to Authorization. The denial period is three (3) years.
2. Business Integrity and Related Denials. For Business Integrity or Integrity-related reasons, the denial period will be two (2) years.
3. All Other Reasons for Denial. The denial period is one (1) year.

Selection Criteria and Continuing Compliance with Selection Criteria

The selection criteria represent the **minimum** requirements to be considered for authorization as a Georgia WIC vendor. All applicants¹ and vendors must meet **or exceed all** of the selection criteria at the time of authorization and maintain **compliance** throughout the agreement period. **Vendors are also required to adhere to any changes in the selection criteria made by Georgia WIC during their agreement period, or face termination. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection** criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria.

Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application.

During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale, Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia WIC. Vendor applications that are held pending receipt of additional information will expire ten (10) days after the date of the written request for information.

Failure or difficulty in meeting any of the selection criteria may be used as just cause for denial of a vendor application for authorization. Applicants who are denied authorization may reapply after the expiration of the appropriate denial period.

Exception to WIC Limiting and Selection Criteria

The Georgia WIC Program reserves the right to make exceptions to (waive) the limiting and/or vendor selection criteria to address inadequate participant access to supplemental foods. However, competitive pricing and meeting the minimum WIC approved food stocking requirements are *not* waivable, per federal regulations 7CFR§ 246.12(g)(2)&(g)(3).

¹ An applicant is defined as: anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a sanction history will be thoroughly investigated.

Inadequate Participant Access

Federal regulations require that the State Agency ensures that all WIC participants have adequate access to purchase their WIC food items. By ensuring adequate access to authorized vendors, the Program assists WIC participants in meeting their nutritional goals. Participant access is not defined as participant convenience or preference. Inadequate participant access would cause a hardship to participants. Denial based upon the selection criteria may be waived (see "Exception to WIC Limiting and Selection Criteria"). The Georgia WIC Program will review participant access on a case-by-case basis. Inadequate participant access occurs when the distance between authorized WIC vendors is ten (10) miles or more.

Note: Should an applicant location be identified as an area where there is inadequate participant access, it does not absolve an applicant from the responsibility to comply with the terms of the application process as outlined, as a condition of authorization.

The established selection criterion for authorized WIC vendors is as follows:

1. Complete, Accurate and Truthful Information and Documents. All applicants and vendors must provide complete, accurate and truthful information and supporting documents during the application process or whenever requested. If it is later discovered that an applicant or vendor has misrepresented or omitted material information or documents, the application will be denied or the vendor agreement will be terminated. Failure to submit any documents or information requested by Georgia WIC within the required time frame will also result in a denial of the application or termination of the vendor's agreement.
2. Previous Sanction or Violation History with SNAP or WIC Program. Applicants who have pending or current Terminations or Disqualifications (or were assessed Civil Money Penalties in lieu of Disqualification) that have not expired will not be authorized. Applicants who were assessed a Civil Money Penalty in lieu of Disqualification will not be authorized during the time period corresponding to the original Disqualification. Similarly, vendors who submit new applications after violations have been identified (during the course of an audit, investigation, etc.) or who may be awaiting the outcome of an appeal will not be authorized. If it is later determined that an applicant had unexpired sanctions at the time of authorization, the vendor agreement will be terminated immediately.
3. Previous Applicant History. An applicant's prior application history with the program will be reviewed. Applicants whose information or documents are inconsistent with a previously submitted application or applicants who have engaged in serious fraudulent conduct or misrepresentation in connection with a previous application will be thoroughly investigated and will be denied if it is determined that the previous circumstances still exist. An applicant whose denial period has not expired may not be considered for authorization until after the denial period has expired and a new application has been submitted.
4. Competitive Prices. All applicants and vendors are required to submit and maintain prices that are at, or lower than, other vendors currently participating in the program.

Applicant – The prices, for the products listed on the application, will be reviewed and compared against the maximum prices allowed in the proposed Peer Group for vendors currently participating in the program. If a prospective vendor's prices **are more than ten (10) percent higher** than the maximum prices of actual vendors in the applicant's proposed Peer Group **on more than three (3) items** – the applicant will be notified that

its pricing is not competitive and the applicant may receive technical assistance. Applicants will be given one (1) additional opportunity to re-submit prices after the initial notification. Upon the second submission, those applicants failing to submit prices that are lower than the allowable maximums will be denied authorization.

If this is a cost plus 10% store, the final price must be submitted on the price list as well as posted on the shelf or on signage in the aisle. This is the pricing that is used to determine competitiveness.

Authorized vendor – Vendors are required to submit and maintain prices that are at, or lower than other vendors currently participating in the program, within their designated peer group. Vendors must submit shelf pricing each quarter, at a minimum. If a vendor's prices are more than ten (10) percent higher than the maximum prices of others in its Peer Group on more than three (3) items – the vendor will receive a written notification that its pricing is not competitive. WIC vendors are required to maintain competitiveness during the entire agreement period. Vendors may be assessed at any time and those whose prices remain non-competitive for three (3) additional assessments, the vendor agreement will be terminated for a period of twelve (12) months.

A cost plus 10% store must post the final price on the shelf or on signage in the aisle. Pricing must be submitted for all WIC eligible items sold or anticipated being sold at the store location.

5. Acquisition of permit as a vendor in the Supplemental Nutrition Assistance Program (SNAP) and Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations. All vendors and applicants must acquire and maintain authorization as a SNAP retail provider. All applicants and vendors must adhere to the SNAP program rules and must remain in good standing. Information submitted by the SNAP program will become a part of an applicant or vendor file and communication from the SNAP program that indicates a vendor's non-compliance with its rules and regulations will form the basis for a denial or removal from Georgia WIC Program. Applicants and vendors with a history of non-compliance with SNAP's rules and regulations will be denied or removed from the Program. Also, Georgia WIC will not authorize or reauthorize any applicant once the program has been notified that a retailer has been assessed a Civil Money Penalty (CMP), disqualified or terminated by SNAP. Failure to maintain a SNAP permit for any reason whatsoever, including terminations due to voluntary withdrawal or for non-redemption will result in a denial or termination from Georgia WIC unless necessary to ensure participant access. Retailers who have been assessed a Civil Money Penalty from SNAP will also be denied or terminated from Georgia WIC. Pharmacies and military commissaries are exempt from this requirement.
6. Length of Time as a SNAP Retailer and Previous Grocery Industry Experience. All applicants, except pharmacies and military commissaries, must demonstrate a minimum of twelve (12) months experience as a retail grocer. All applicants must also have a minimum of twelve (12) consecutive months of retail sales history as a vendor under the SNAP Program. Experience can be shown by documentation such as a SNAP vendor permit, Federal/State tax records, or other documentation as the program may request. For those applicants who do not have the required history under the SNAP program, Georgia WIC may consider a waiver upon a written request showing the required SNAP history at another location under common ownership.
7. Business Integrity. All new applicants and vendors must demonstrate business integrity. Georgia WIC will consider business integrity and history of the following: owners, corporate officers, partners and affiliates, or the immediate family of owners, corporate

officers, or partners. Georgia WIC will also consider the business integrity and history of anyone involved in the operation of the business or the corporate entity, including managers, stockholders or registered agents. Any of the foregoing people that have a history of fraud, embezzlement, trafficking or has engaged in any activity that Georgia WIC deems to be indicative of a lack of business integrity will not be authorized. This includes but is not limited to the following:

- a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.
 - b. Official records of removal from other federal, state or local programs will also be considered.
8. Business Integrity/Background Checks. All new applicants will be subject to background checks to determine the applicant's business integrity as part of the screening process. Georgia WIC may rely on an investigation using outside sources or upon information already known in a vendor or applicant's file. For each of the following people, entities or locations - owners, corporate officers, partners and affiliates, or the immediate family of owners, corporate officers, or partners and anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents, the below information must be disclosed:
- i. Criminal records (current charges and/or past convictions or forfeited collateral for any crime).
 - ii. Official records of removal from other Federal, State, or local programs including whether above mentioned people or corporation ever had a license denied, withdrawn, or suspended or been fined for license violations, such as, business, pharmacy or health licenses. This includes instances where there has been a relinquishment of a license or voluntary withdrawal from a program.
 - iii. Judicial determinations in civil litigation reflecting adversely on the integrity of the above mentioned people, corporation, or affiliate(s).
 - iv. Evidence of attempt to circumvent disqualification from WIC or SNAP a civil monetary penalty imposed for violations of WIC or SNAP.
 - v. Evidence of prior fraudulent behavior of the above mentioned people, corporation, or their managers.
 - vi. Other evidence reflecting the business integrity history of the above mentioned people, corporation, or affiliate(s).
 - vii. Previous involvement with any business who has submitted an application (regardless of subsequent authorization) to the WIC or SNAP program and the outcome of such application.
 - viii. Previous violation history or Above-Fifty Percent assignment of the retailer.
9. Minimum Inventory of WIC-Approved Foods. Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. **All WIC minimum inventories must be within the expiration dates during the application process, including the pre-authorization visit. Expired foods do not count towards minimum inventory and is a sufficient ground for denying the application. Note: All observed concerns with sanitation and food safety will be immediately reported to the Georgia Department of Agriculture and may result in an application denial.**

The minimum inventory requirements can be found at <http://dph.georgia.gov/vendor-information>. **Pharmacies and military commissaries are exempt from minimum inventory requirements.** The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods. It is expected that all applicants will meet and maintain minimum inventory requirements after the date stated on their application and at all times after the pre-approval visit is conducted. Applicants who have not met their minimum inventory requirements after their pre-approval visit has been conducted may make a written request for a second visit. Applicants must provide detailed reasons and corroborating evidence to support their reasons at the time the request is made. Requests will be granted for those who can show that: (1) sufficient merchandise was ordered but the supplier (due to no fault on the part of the retailer), was unable to deliver the merchandise; or (2) sufficient merchandise was in stock within forty-eight (48) hours of the visit but through unexpected customer purchases were depleted before the pre-approval visit; or (3) merchandise became damaged or destroyed after delivery; or (4) for other reasons beyond the control of the retailer.

- 10. Authorization Training. A vendor applicant must attend training and pass the post-training evaluation with a score of 80 or above. Georgia WIC will provide an initial training session in an interactive format prior to authorization, and at least once every two or three years thereafter during the corresponding vendor re-authorization period. Georgia WIC will provide vendors with at least one alternate date on which to attend interactive training. Attendance at training will be documented, a checklist of items discussed must be signed by the vendor and a Post Vendor Training Evaluation test will be given. A passing score of eighty (80) points or higher is required to become authorized. Vendor applicants cannot attend the initial authorization training session until an application for authorization has been submitted and the vendor has registered to attend.**

Upon request, the Georgia WIC Program will provide language assistance or accommodation to ensure meaningful access to training for vendor applicants and vendors with a language barrier or a disability.

- 11. Pre-approval visits. Only those vendor applicants that pass initial screening will receive on-site pre-approval visits from Georgia WIC representatives to verify the information listed on the application and inventory. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training. At least one (1) pre-approval visit is required for each applicant to verify the items listed on the application. The first pre-approval visit will be conducted at the date and time announced by the Georgia WIC staff. Georgia WIC reserves the right to follow up on any items in the application or observed on site at any time during the application process and may conduct additional visits to the applicant's store as required without notice. Failure to cooperate with Georgia WIC during the pre-approval process will result in application denial.**
- 12. Re-Scheduling Announced Pre-approval visits. In the event that an applicant suspects that they may not be prepared for their announced pre-approval visit, they may re-schedule the visit twice during the application process. The applicant must contact the Georgia WIC office **IMMEDIATELY** to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date twice—but must be completed within a thirty day period or the application will expire and be denied.**
- 13. Non-Profit Vendor. Non-profit vendors are not authorized in Georgia.**

14. Required Minimum Store Hours. To ensure adequate access to food items for participants, the store (with the exception of military commissaries and pharmacies) must be open for business at least eight hours per day, six days per week, and must be open during the hours specified on the Vendor Application. In the event an applicant or vendor's hours are changed, they must notify Georgia WIC within twenty (20) days of the change. Military commissaries and pharmacies must be open for business at least five (5) hours per day, five (5) days per week. There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store.)
15. Suitable Store Location. For new stores applying to Georgia WIC for the first time, the minimum square footage requirement for vendors is 3,000 square feet of continuous retail food sales space open to the public, excluding all administrative and storage space. No portion of the store may be located inside of a separate building, nor may any portion be located inside of a facility that is not food retail in nature (e.g. suite on the upper floors of an office building, inside of a community center, daycare, floral shop, etc.). The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location. There must be a store sign to identify the store with the name of the business clearly marked.
16. Licensed by the Georgia Department of Agriculture. Each store must have a valid Retail Food Sales Establishment License in the current owner's name and be in compliance with all state, municipal, and local sanitation standards. A current Health certificate must be posted in the store. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture. **Note: All observed concerns with sanitation and food safety will be immediately reported to the Georgia Department of Agriculture.**
17. Compliance with Georgia WIC Program Policies and Procedures. For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.
18. Store Acquisition. Georgia WIC will not approve or continue the authorization of a store location that was sold or assigned to circumvent an unexpired sanction, claim or civil money penalty. Nor will Georgia WIC approve or continue the authorization of a store location that was later transferred to anyone involved in the ownership, operation, management or corporate structure (including registered agent) of location with unexpired sanctions, claims or civil money penalties.
 - a. The transfer or sale of a retail location with unexpired sanctions, claims or civil money penalties will be closely investigated before the location is authorized. In the event a vendor purchases or acquires a retail outlet that was in the process of being disqualified or which was disqualified from the WIC Program at the time of acquisition, the vendor's application for that outlet location shall not be considered until Georgia WIC makes a determination that the sale was a bona fide, arms-length transaction and that no one involved in the ownership, management, operation or corporate structure (including registered agents) will remain involved in the newly purchased store. If it is later determined that the applicant failed to abide by this provision, the vendor will be immediately terminated and subject to a claim.

- b. Ownership transfers of an authorized location to anyone related to the ownership, management or operation² of vendor retail outlet having unexpired sanctions, claims or civil money penalties at the time of the transfer is prohibited. If it is later determined that there was a failure to abide by this provision, the vendor will be immediately terminated and subject to a claim.
19. Above 50% Criterion. All applicants, except pharmacies and military commissaries, will be assessed to determine whether they derive, or have the potential to derive, more than fifty (50) percent of their eligible food sales revenues from WIC food instruments. Vendors that meet the above 50% criterion will not be authorized unless denial of authorization for that applicant would result in inadequate participant access.
20. Infant Formula Suppliers. All vendor applicants are required to purchase infant formula solely from the suppliers selected and approved by Georgia WIC. The Program does not allow vendors to purchase infant formula from other program vendors. Only purchases from the approved list of manufacturers, distributors and wholesalers will be permitted. Records of infant formula purchases must be maintained for a minimum of three (3) previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices from those permitted suppliers will be considered as legitimate. The list of authorized manufacturers, distributors and wholesalers are posted on the Georgia WIC vendor website. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.
21. WIC Acronym and Logo. A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
22. Purchase Invoice Receipts. Vendor Applicants must submit, upon request, purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.
23. Automatic Clearing House (ACH) Application. Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
24. Provision of Incentive Items. Georgia WIC will not authorize or continue the authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services.

² A person associated with the ownership, management or operation of the applicant/vendor entity, includes owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

25. Pharmacies. A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem special infant formulas and medical foods as specified on the Georgia WIC vendor website. All Pharmacy peer group vendors must be licensed and remain in good-standing with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia. Pharmacies are not required to maintain a SNAP permit, nor are they required to undergo an Above Fifty-Percent assessment.

GEORGIA WIC PROGRAM VENDOR HANDBOOK



Effective November 15, 2015

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INTRODUCTION

The Vendor Handbook

The Georgia Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC) Vendor Handbook is an addendum to and incorporated into the Vendor Agreement. Retail grocery vendors, pharmacy vendors and military commissaries must adhere to all information provided in the most recent edition of the Vendor Handbook to ensure compliance with federal and state regulations, rules, policies, and procedures. The vendor's role is important to the success of Georgia WIC. Vendors must assure that only prescribed foods are sold to participants. Prices charged by the vendor must be reasonable and competitive. Competitive prices will enable Georgia WIC to maximize services to its citizens.

Georgia WIC

WIC is a federally funded special supplemental food program intended to provide supplemental foods, nutrition education, and nutrition counseling to Georgia's citizens. WIC saves lives and improves the health of nutritionally at-risk women, infants, and children. Since its beginning in 1974, the WIC program has earned the reputation of being one of the most successful federally funded programs in the United States. Collective findings of studies, reviews, and reports illustrate that the WIC program is cost-effective in protecting and improving the nutritional status of low-income women, infants, and children.

A list of some of the positive health outcomes associated with WIC participation follows:

- Reduces fetal deaths and infant mortality
- Reductions in the rate of low birth weight infants
- Increases in pregnancy duration
- Improves the growth of nutritionally at-risk infants and children
- Decreases in the incidence of iron deficiency anemia in children
- Improves the dietary intake of pregnant and postpartum women and improves weight gain in pregnant women
- Increases early initiation into prenatal care
- Increases the number of children who have a regular source of medical care
- Helps children get ready to start school
- Improves intellectual development
- Improves children's diets.

Georgia's health professionals determine who is eligible to participate in the WIC program according to criteria established by federal regulations. These health professionals also provide nutrition education, counseling and prescribe nutritious foods. Instruments used to obtain the supplemental foods are called WIC food instruments, which are redeemed through WIC authorized vendors statewide.

VENDOR AUTHORIZATION AND PARTICIPATION

Process for Vendor Selection and Authorization

The WIC program is funded by federal tax dollars. Because of this, serving as an authorized WIC vendor is a public trust. Vendor authorization is the process by which the State Agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as WIC vendors. Authorization to participate in the program as a vendor is a privilege, not a right. As a steward of public funds, Georgia WIC must balance the need for participant access with the duty to obtain the lowest fair prices for WIC foods and to prevent fraud.

Number and Distribution of Authorized Vendors

The Georgia Women, Infants and Children Program shall not discriminate against an applicant or vendor on the basis of race, color, national origin, age, sex, handicap, disability or other impermissible basis as set forth in applicable state or federal law. Federal regulations require that Georgia WIC establish standards for vendor authorization to secure a sufficient number and distribution of vendors that will ensure reasonable participant access and permit effective management of the program. Georgia WIC may establish criteria to limit the number of stores it authorizes as long as the limiting criteria are applied consistently.

The primary method of regulating the number of authorized vendors is through the use of a vendor-to-participant ratio. The vendor-to-participant ratios are determined prior to each application/authorization period. For vendor authorization, exceptions to the vendor-to-participant ratio conclusions may be considered under the following circumstances:

- The need to ensure that each food instrument issuance clinic site in the state has an authorized vendor within a 10 mile radius.
- The need to provide adequate service to participants in a population center of at least ten (10) individuals who have no access to an authorized vendor within a 10 mile radius of the population center.
- The need to provide adequate service to participants when circumstances make it necessary. Those circumstances may include, but are not limited to, the following:
 - A. New clinic site opening;
 - B. Participant caseload increases;
 - C. New participant population center recognized;
 - D. Store closings, either voluntary or due to catastrophe;
 - E. Problems with WIC Program compliance;
 - F. Problems caused by non-compliance with Food Stamp regulations.

Application Acceptance Periods; Re-application Limitations After Application Denial

Applications for WIC vendor authorization will only be accepted during the following periods: Between October 1st to December 31st and March 1st to May 31st of each federal fiscal year.

If an application for authorization is denied, the applicant will be barred from reapplication for period of one (1) year with the exception of the Denial Reasons listed below. Denial periods vary based on the reason that an application is denied. At the time that a notification of Denial is issued, applicants will be notified of their reapplication date. Irrespective of the reason for denial, once denied, an applicant who wishes to be reconsidered must allow their Denial Period to expire and re-submit a new application after that date has passed. Applications are not re-considered until new application materials have been submitted.

1. Accepting WIC vouchers prior to Authorization. The denial period is three (3) years.
2. Business Integrity and Related Denials. For Business Integrity or Integrity-related reasons, the denial period will be two (2) years.
3. All Other Reasons for Denial. The denial period is one (1) year.

Selection Criteria and Continuing Compliance with Selection Criteria

The selection criteria represent the minimum requirements to be considered for authorization as a Georgia WIC vendor. All applicants¹ and vendors must meet or exceed all of the selection criteria at the time of authorization and maintain compliance throughout the agreement period. Vendors are also required to adhere to any changes in the selection criteria made by Georgia WIC during their agreement period, or face termination. Georgia WIC may reassess any authorized vendor at any time during the vendor's agreement period using the selection criteria in effect at the time of reassessment, and must terminate the agreement of any vendors that fail to meet the current criteria.

Georgia WIC will deny an application or terminate the vendor agreement if it is determined that the applicant provided false information in connection with the application.

During the application process, Georgia WIC may request additional information that must be provided within the time period specified in the request.

All requested information must be provided in order to process the application. This includes, but is not limited to, Bill of Sale, Articles of Incorporation, Driver's License or State issued ID card, Social Security card, food sales, etc. Applications will not be processed until all information is received by Georgia

¹ An applicant is defined as: anyone deemed associated with the ownership, management or operation of the applicant entity, including owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a sanction history will be thoroughly investigated.

WIC. Vendor applications that are held pending receipt of additional information will expire ten (10) days after the date of the written request for information.

Failure or difficulty in meeting any of the selection criteria may be used as just cause for denial of a vendor application for authorization. Applicants who are denied authorization may reapply after the expiration of the appropriate denial period.

Exception to WIC Limiting and Selection Criteria

The Georgia WIC Program reserves the right to make exceptions to (waive) the limiting and/or vendor selection criteria to address inadequate participant access to supplemental foods. However, competitive pricing and meeting the minimum WIC approved food stocking requirements are *not* waivable, per federal regulations.

Inadequate Participant Access

Federal regulations require that the State Agency ensures that all WIC participants have adequate access to purchase their WIC food items. By ensuring adequate access to authorized vendors, the Program assists WIC participants in meeting their nutritional goals. Participant access is not defined as participant convenience or preference. Inadequate participant access would cause a hardship to participants. Denial based upon the selection criteria may be waived (see "Exception to WIC Limiting and Selection Criteria"). The Georgia WIC Program will review participant access on a case-by-case basis. Inadequate participant access occurs when the distance between authorized WIC vendors is ten (10) miles or more.

Note: Should an applicant location be identified as an area where there is inadequate participant access, it does not absolve an applicant from the responsibility to comply with the terms of the application process as outlined, as a condition of authorization.

The established selection criterion for authorized WIC vendors is as follows:

1. **Complete, Accurate and Truthful Information and Documents.** All applicants and vendors must provide complete, accurate and truthful information and supporting documents during the application process or whenever requested. If it is later discovered that an applicant or vendor has misrepresented or omitted material information or documents, the application will be denied or the vendor agreement will be terminated. Failure to submit any documents or information requested by Georgia WIC within the required time frame will also result in a denial of the application or termination of the vendor's agreement.
2. **Previous Sanction or Violation History with SNAP or WIC Program.** Applicants who have pending or current Terminations or Disqualifications (or were assessed Civil Money Penalties in lieu of Disqualification) that have not expired will not be authorized. Applicants who were assessed a Civil Money Penalty in lieu of Disqualification will not be authorized during the time period corresponding to the original Disqualification. Similarly, vendors who submit new applications after violations have been identified (during the course of an audit, investigation, etc.) or who may be awaiting the outcome of an appeal will not be authorized. If it is later

determined that an applicant had unexpired sanctions at the time of authorization, the vendor agreement will be terminated immediately.

3. Previous Applicant History. An applicant's prior application history with the program will be reviewed. Applicants whose information or documents are inconsistent with a previously submitted application or applicants who have engaged in serious fraudulent conduct or misrepresentation in connection with a previous application will be thoroughly investigated and will be denied if it is determined that the previous circumstances still exist. An applicant whose denial period has not expired may not be considered for authorization until after the denial period has expired and a new application has been submitted.
4. Competitive Prices. All applicants and vendors are required to submit and maintain prices that are at, or lower than, other vendors currently participating in the program.

Applicant – The prices, for the products listed on the application, will be reviewed and compared against the maximum prices allowed in the proposed Peer Group for vendors currently participating in the program. If a prospective vendor's prices are **more than ten (10) percent higher** than the maximum prices of actual vendors in the applicant's proposed Peer Group **on more than three (3) items** – the applicant will be notified that its pricing is not competitive and the applicant may receive technical assistance. Applicants will be given one (1) additional opportunity to re-submit prices after the initial notification. Upon the second submission, those applicants failing to submit prices that are lower than the allowable maximums will be denied authorization.

If this is a cost plus 10% store, the final price must be submitted on the price list as well as posted on the shelf or on signage in the aisle. This is the pricing that is used to determine competitiveness.

Authorized vendor – Vendors are required to submit and maintain prices that are at, or lower than other vendors currently participating in the program, within their designated peer group. Vendors must submit shelf pricing each quarter, at a minimum. If a vendor's prices are **more than ten (10) percent higher** than the maximum prices of others in its Peer Group **on more than three (3) items** – the vendor will receive a written notification that its pricing is not competitive. WIC vendors are required to maintain competitiveness during the entire agreement period. Vendors may be assessed at any time and those whose prices remain non-competitive for three (3) additional assessments, the vendor agreement will be terminated for a period of twelve (12) months.

A cost plus 10% store must post the final price on the shelf or on signage in the aisle. Pricing must be submitted for all WIC eligible items sold or anticipated being sold at the store location.

5. Acquisition of permit as a vendor in the Supplemental Nutrition Assistance Program (SNAP) and Compliance with the Supplemental Nutrition Assistance Program (SNAP) Regulations. All vendors and applicants must acquire and maintain authorization as a SNAP retail provider. All applicants and vendors must adhere to the SNAP program rules and must remain in good standing. Information submitted by the SNAP program will become a part of an applicant or vendor file and communication from the SNAP program that indicates a vendor's non-

compliance with its rules and regulations will form the basis for a denial or removal from Georgia WIC Program. Applicants and vendors with a history of non-compliance with SNAP's rules and regulations will be denied or removed from the Program. Also, Georgia WIC will not authorize or reauthorize any applicant once the program has been notified that a retailer has been assessed a Civil Money Penalty (CMP), disqualified or terminated by SNAP. Failure to maintain a SNAP permit for any reason whatsoever, including terminations due to voluntary withdrawal or for non-redemption will result in a denial or termination from Georgia WIC unless necessary to ensure participant access. Retailers who have been assessed a Civil Money Penalty from SNAP will also be denied or terminated from Georgia WIC. Pharmacies and military commissaries are exempt from this requirement.

6. Length of Time as a SNAP Retailer and Previous Grocery Industry Experience. All applicants, except pharmacies and military commissaries, must demonstrate a minimum of twelve (12) months experience as a retail grocer. All applicants must also have a minimum of twelve (12) consecutive months of retail sales history as a vendor under the SNAP Program. Experience can be shown by documentation such as a SNAP vendor permit, Federal/State tax records, or other documentation as the program may request. For those applicants who do not have the required history under the SNAP program, Georgia WIC may consider a waiver upon a written request showing the required SNAP history at another location under common ownership.
7. Business Integrity. All new applicants and vendors must demonstrate business integrity. Georgia WIC will consider business integrity and history of the following: owners, corporate officers, partners and affiliates, or the immediate family of owners, corporate officers, or partners. Georgia WIC will also consider the business integrity and history of anyone involved in the operation of the business or the corporate entity, including managers, stockholders or registered agents. Any of the foregoing people that have a history of fraud, embezzlement, trafficking or has engaged in any activity that Georgia WIC deems to be indicative of a lack of business integrity will not be authorized. This includes but is not limited to the following:
 - a. Criminal conviction or civil judgments during the past six years against the applicant, the applicant's owners, officers or managers for any activity indicating a lack of business integrity such as fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, or obstruction of justice.
 - b. Official records of removal from other federal, state or local programs will also be considered.
8. Business Integrity/Background Checks. All new applicants will be subject to background checks to determine the applicant's business integrity as part of the screening process. Georgia WIC may rely on an investigation using outside sources or upon information already known in a vendor or applicant's file. For each of the following people, entities or locations - owners, corporate officers, partners and affiliates, or the immediate family of owners, corporate officers, or partners and anyone involved in the operation of the businesses or the corporate entity, including managers, stockholders or registered agents, the below information must be disclosed:
 - i. Criminal records (current charges and/or past convictions or forfeited collateral for any crime).
 - ii. Official records of removal from other Federal, State, or local programs including whether above mentioned people or corporation ever had a license denied,

- withdrawn, or suspended or been fined for license violations, such as, business, pharmacy or health licenses. This includes instances where there has been a relinquishment of a license or voluntary withdrawal from a program.
- iii. Judicial determinations in civil litigation reflecting adversely on the integrity of the above mentioned people, corporation, or affiliate(s).
 - iv. Evidence of attempt to circumvent disqualification from WIC or SNAP a civil monetary penalty imposed for violations of WIC or SNAP.
 - v. Evidence of prior fraudulent behavior of the above mentioned people, corporation, or their managers.
 - vi. Other evidence reflecting the business integrity history of the above mentioned people, corporation, or affiliate(s).
 - vii. Previous involvement with any business who has submitted an application (regardless of subsequent authorization) to the WIC or SNAP program and the outcome of such application.
 - viii. Previous violation history or Above-Fifty Percent assignment of the retailer.
9. Minimum Inventory of WIC-Approved Foods. Each vendor is required to stock and maintain daily the minimum inventory of approved WIC foods as well as a substantial amount of non-WIC foods. The inventory must be in the store or the store's stockroom. All WIC minimum inventories must be within the expiration dates during the application process, including the pre-authorization visit. Expired foods do not count towards minimum inventory and is a sufficient ground for denying the application. **Note:** All observed concerns with sanitation and food safety will be immediately reported to the Georgia Department of Agriculture and may result in an application denial.

The minimum inventory requirements can be found at <http://dph.georgia.gov/vendor-information>. **Pharmacies and military commissaries are exempt from minimum inventory requirements.** The vendor must carry other foods outside of the WIC minimum inventory and WIC approved foods. It is expected that all applicants will meet and maintain minimum inventory requirements after the date stated on their application and at all times after the pre-approval visit is conducted. Applicants who have not met their minimum inventory requirements after their pre-approval visit has been conducted may make a written request for a second visit. Applicants must provide detailed reasons and corroborating evidence to support their reasons at the time the request is made. Requests will be granted for those who can show that: (1) sufficient merchandise was ordered but the supplier (due to no fault on the part of the retailer), was unable to deliver the merchandise; or (2) sufficient merchandise was in stock within forty-eight (48) hours of the visit but through unexpected customer purchases were depleted before the pre-approval visit; or (3) merchandise became damaged or destroyed after delivery; or (4) for other reasons beyond the control of the retailer.

10. Authorization Training. A vendor applicant must attend training and pass the post-training evaluation with a score of 80 or above. Georgia WIC will provide an initial training session in an interactive format prior to authorization, and at least once every two or three years thereafter during the corresponding vendor re-authorization period. Georgia WIC will provide vendors with at least one alternate date on which to attend interactive training. Attendance at training will be documented, a checklist of items discussed must be signed by the vendor and a Post Vendor Training Evaluation test will be given. A passing score of eighty (80) points or higher is required to become authorized. Vendor applicants cannot attend the initial authorization training session

until an application for authorization has been submitted and the vendor has registered to attend.

Upon request, the Georgia WIC Program will provide language assistance or accommodation to ensure meaningful access to training for vendor applicants and vendors with a language barrier or a disability.

11. Pre-approval visits. Only those vendor applicants that pass initial screening will receive on-site pre-approval visits from Georgia WIC representatives to verify the information listed on the application and inventory. For non-corporate vendors, pre-approval visits will not be conducted until the vendor has attended training and passed the evaluation with a score of 80 or above. For corporate vendors, only one authorized representative from the store is required to attend training. At least one (1) pre-approval visit is required for each applicant to verify the items listed on the application. The first pre-approval visit will be conducted at the date and time announced by the Georgia WIC staff. Georgia WIC reserves the right to follow up on any items in the application or observed on site at any time during the application process and may conduct additional visits to the applicant's store as required without notice. Failure to cooperate with Georgia WIC during the pre-approval process will result in application denial.
12. Re-Scheduling Announced Pre-approval visits. In the event that an applicant suspects that they may not be prepared for their announced pre-approval visit, they may re-schedule the visit twice during the application process. The applicant must contact the Georgia WIC office IMMEDIATELY to prevent denial of the application by calling 1-866-814-5468 or (404) 657-2900. The vendor will only be allowed to change this date twice—but must be completed within a thirty day period or the application will expire and be denied.
13. Non-Profit Vendor. Non-profit vendors are not authorized in Georgia.
14. Required Minimum Store Hours. To ensure adequate access to food items for participants, the store (with the exception of military commissaries and pharmacies) must be open for business at least eight (8) hours per day, six (6) days per week, and must be open during the hours specified on the Vendor Application. In the event an applicant or vendor's hours are changed, they must notify Georgia WIC within twenty (20) days of the change. Military commissaries and pharmacies must be open for business at least five hours per day, five days per week. There should be no barriers to participant entry to the store during opening hours (e.g. required store membership or controlled access or entry to the store).
15. Suitable Store Location. For new stores applying to Georgia WIC for the first time, the minimum square footage requirement for vendors is 3,000 square feet of continuous retail food sales space open to the public, excluding all administrative and storage space.

Note: Not all areas of an applicant or vendor's store are counted towards the minimum square footage requirement. The square footage areas that are not "continuous retail food sales space open to the public" and are used for other purposes that are irrelevant to the purpose of the Georgia WIC Program will not be considered as a part of the minimum square footage requirement.

See Federal Regulations 7 C.F.R. § 246.12, which states: "Retail food delivery systems are systems in which participants, parents or caretakers of infant and child participants, and proxies obtain authorized supplemental foods by submitting a food instrument or cash-value voucher to an authorized vendor." The program utilizes grocers as part of its retail food delivery service.

No portion of the store may be located inside of a separate building, nor may any portion be located inside of a facility that is not food retail in nature (e.g. suite on the upper floors of an office building, inside of a community center, daycare, floral shop, etc.). The applicant must provide proof of a lease for at least a three-year period, or proof of ownership of the store location. There must be a store sign to identify the store with the name of the business clearly marked.

16. Licensed by the Georgia Department of Agriculture. Each store must have a valid Retail Food Sales Establishment License in the current owner's name and be in compliance with all state, municipal, and local sanitation standards. A current Health certificate must be posted in the store. Pharmacies and military commissaries are exempt from this requirement. Stores that are on the border of Georgia and another state must have a comparable food sales establishment license from that other state's Department of Agriculture. **Note:** All observed concerns with sanitation and food safety will be immediately reported to the Georgia Department of Agriculture.
17. Compliance with Georgia WIC Program Policies and Procedures. For existing vendors, any violations found during the re-authorization process may result in denial of the application for re-authorization. Vendors and applicants will be required to comply with all federal and state WIC policies.
18. Store Acquisition. Georgia WIC will not approve or continue the authorization of a store location that was sold or assigned to circumvent an unexpired sanction, claim or civil money penalty. Nor will Georgia WIC approve or continue the authorization of a store location that was later transferred to anyone involved in the ownership, operation, management or corporate structure (including registered agent) of location with unexpired sanctions, claims or civil money penalties.
 - a. The transfer or sale of a retail location with unexpired sanctions, claims or civil money penalties will be closely investigated before the location is authorized. In the event a vendor purchases or acquires a retail outlet that was in the process of being disqualified or which was disqualified from the WIC Program at the time of acquisition, the vendor's application for that outlet location shall not be considered until Georgia WIC makes a determination that the sale was a bona fide, arms-length transaction and that no one involved in the ownership, management, operation or corporate structure (including registered agents) will remain involved in the newly purchased store. If it is later determined that the applicant failed to abide by this provision, the vendor will be immediately terminated and subject to a claim.
 - b. Ownership transfers of an authorized location to anyone related to the ownership, management or operation² of vendor retail outlet having unexpired sanctions, claims or civil

² A person associated with the ownership, management or operation of the applicant/vendor entity, includes owners, officers, partners and, stockholders, registered agents, the immediate family of owners, officers, or partners. Any facts leading the agency to suspect that an applicant or vendor has a business or close personal connection with a WIC vendor that has a history of violations will be thoroughly investigated.

money penalties at the time of the transfer is prohibited. If it is later determined that there was a failure to abide by this provision, the vendor will be immediately terminated and subject to a claim.

19. Above 50% Criterion. All applicants, except pharmacies and military commissaries, will be assessed to determine whether they derive, or have the potential to derive, more than fifty (50) percent of their eligible food sales revenues from WIC food instruments. Vendors that meet the above 50% criterion will not be authorized unless denial of authorization for that applicant would result in inadequate participant access.
20. Infant Formula Suppliers. All vendor applicants are required to purchase infant formula solely from the suppliers selected and approved by Georgia WIC. The Program does not allow vendors to purchase infant formula from other program vendors. Only purchases from the approved list of manufacturers, distributors and wholesalers will be permitted. Records of infant formula purchases must be maintained for a minimum of three (3) previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices from those permitted suppliers will be considered as legitimate. The list of authorized manufacturers, distributors and wholesalers are posted on the Georgia WIC vendor website. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.
21. WIC Acronym and Logo. A WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or in the name in which it does business. The WIC vendor or applicant may not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
22. Purchase Invoice Receipts. Vendor Applicants must submit, upon request, purchase invoice receipts, bills of lading or recent invoices that show the purchase of items intended for sale in their stores. Failure to submit the requested documentation within the time frame stated in the request will result in denial of the vendor application.
23. Automatic Clearing House (ACH) Application. Vendors who are authorized for participation in Georgia WIC will receive an ACH enrollment form. Vendors will have five business days from the date of receipt of the form to enroll. Failure to enroll in ACH within the allotted timeframe will result in termination of the vendor agreement.
24. Provision of Incentive Items. Georgia WIC will not authorize or continue the authorization of a vendor that advertises, promises, provides, or indicates an intention to provide prohibited incentive items to customers. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services.
25. Pharmacies. A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem special infant formulas and medical foods as specified on the Georgia WIC vendor website. All Pharmacy peer group vendors must be licensed and remain in good-standing with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia. Pharmacies are not required to maintain a SNAP permit, nor are they required to undergo an Above Fifty-Percent assessment.

Invoice Assessment

Applicants and vendors must submit, upon request, invoices, receipts, or bills of lading which show the purchase of all items intended for sale in their stores. This includes WIC food items, non-WIC food items, household products, and miscellaneous items. Invoices must reflect the name and address of the wholesaler, supplier or distributors, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Affidavits or oral statements are not acceptable as proof of inventory.

Failure to submit the requested documentation within the time specified will result in denial of the vendor application or termination of the vendor agreement.

Peer Groups

Authorized vendors are classified into seven different peer groups based on square footage of the store (excluding administrative and storage space), the number of store locations, and assessment findings.

Peer Group	Type	Description
A	Small	3,000 to 10,000 square feet of continuous retail space open to the public, excluding administrative and storage space.
B	Medium	10,001 to 15,000 square feet
C	Chain	20 or more locations in operation
D	Large Independent	15,001 or more square feet and less than 20 locations
E	Military Commissary	Located on Military Bases serving military personnel only
F	Pharmacy	Pharmacy – Redeem exempt and/or special infant formulas only including medical foods. No contract formula, stated infant formula, or other standard WIC foods are allowed for this peer group. Vendors must be licensed by and in good standing with Georgia State Board of Pharmacies.
G	Above 50%	Vendors and applicants found to be an actual above fifty (50) % vendor where denial of authorization for that applicant or vendor would result in inadequate participant access.
Note:	Above 50%	Applicants identified as actual or potential above fifty percent (A-50) vendors at application will not be authorized. Vendors assessed as A-50 during the annual assessment or at re-authorization will be terminated from the program. Pharmacies and military commissaries are exempt from this assessment.

WIC ACRONYM AND LOGO, ADVERTISEMENTS AND INCENTIVES

Use of the WIC Acronym and Logo

To identify the retailer as an authorized WIC vendor, vendors are required to prominently display in plain sight a poster or decal provided by Georgia WIC which states that the store accepts WIC. The WIC logo is very helpful in areas where language barriers exist.

A WIC vendor must not use the acronym "WIC", the WIC logo, or close facsimiles thereof, in total or in part, either in the vendor's official registered name or in the name under which it does business.

A WIC authorized vendor shall not use the WIC acronym, the WIC logo, or close facsimiles thereof, in total or in part, in an unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.

Any person who uses the acronym "WIC" or the WIC logo in an unauthorized manner, including close facsimiles thereof, in total or in part, may be subject to injunction by the United States Department of Agriculture and the payment of damages.

Georgia WIC will terminate the Vendor Agreement for misuse or unauthorized use of the WIC acronym or the WIC logo. If a vendor applicant misuses the WIC acronym or the WIC logo prior to or at application, the Vendor Application will be denied.

Advertisements, Shelf Talkers, Channel Strips, and Posters

Channel Strips and Shelf Talker, and "We Welcome WIC" posters

The Vendor is permitted to use shelf talkers or channel strips stating "WIC approved" or "WIC eligible" on grocery shelves at the exact spot that contains WIC approved foods. These items have been developed by Georgia WIC and are available upon request. Authorized vendors who wish to develop their own shelf talkers or channel strips must obtain written permission from Georgia WIC by submitting a copy or sample of the final version for approval *prior to use*.

Authorized vendors must submit the final artwork/graphic image of the proposed shelf label, along with a written request for consideration of approval, to the Georgia WIC Office of Vendor Management. The request must include the proposed size, color, and any other distinguishing features. All requests must be submitted at least thirty (30) days prior to the intended use date. A decision will be sent by the Georgia WIC Office of Vendor Management within thirty (30) days of receipt of request.

The proposed shelf label and request can be submitted via email or regular mail to:

Email Address: WIC-VM@dph.ga.us

U.S. Mail: Georgia Department of Public Health
WIC Office of Vendor Management
2 Peachtree Street, N.W. Floor 10
Atlanta, GA 30303.

Store personnel are responsible for monitoring the use of all posted shelf labels, regardless of the source, in order to ensure that each label accurately and consistently identifies all WIC approved foods. Failure to do so is a category II sanction and can result in disqualification from the program for eight (8) months on the third violation. Vendors are required to utilize shelf talkers that reflect the current State Agency administering the Georgia WIC Program, the Georgia Department of Public Health (DPH).

Payment Posters

A WIC vendor must accept at least two other forms of payment other than WIC and EBT (Electronic Benefit Transfer.) If a payment poster is displayed, all forms of payment accepted by a vendor must be listed so as not to solicit the WIC customer. Payment posters cannot imply that the vendor only takes WIC or EBT. EBT or WIC cannot be more pronounced on the poster than other forms of payment (e.g. EBT and WIC should not be in a larger or different font, or in boldface.)

Bread Manufacturers

Bread manufacturers are allowed to create their own shelf talkers and channel strips. Final artwork must be submitted to the Georgia WIC office for approval or revision prior to implementation.

It is the responsibility of the vendor to ensure that the labels used by bread manufacturers have been approved by Georgia WIC. Should a non-approved label be used, the vendor will be subject to sanctions (see 'State Agency Sanctions- Category II'). Please contact Georgia WIC prior to allowing a bread manufacturer to label your shelves to ensure that their labels are approved.

Incentives

Georgia WIC prohibits any vendor from using incentives to solicit the patronage of WIC participants. Vendors who use advertisements to solicit the business of WIC participants, or who offer incentives or delivery services to participants, will be subject to sanctions as explained in the Vendor Agreement and this handbook. Incentives are defined as any item, service, or gimmick used to solicit the patronage of a WIC participant. Incentives include, but are not limited to, free or complimentary gifts, home delivery of foods, store memberships, and other free or discounted services that are offered to WIC customers to entice them to transact food instruments.

RESPONSIBILITIES AND PROCEDURES FOR SELECTED VENDOR TYPES

Incorporated Vendors

The Georgia WIC Program defines a Corporate Vendor as an authorized vendor that is owned by a corporate entity. A corporate vendor can be a publicly or privately owned corporation or a limited liability company.

Incorporated applicants must complete and submit a Corporate Information Form along with the vendor authorization application. To access the Corporate Information Form, visit <http://dph.georgia.gov/vendor-information>, and select "Corporate Information Form". If an applicant does not have access to the internet, a request can be made for a hardcopy of this form by calling the Office of Vendor Management, at 404-657-2900 or toll free, within Georgia, at 1-866-814-5468.

If an incorporated applicant is seeking authorization for two or more stores, it must also complete and submit with its application a corporate attachment form for each store. An authorized representative must sign the application and each Corporate Attachment Form. Upon authorization, a corporate vendor will receive one vendor agreement. The Corporate Attachment Forms serves as verification of each store location that is authorized under the vendor agreement and, therefore, are addendums to the vendor agreement. Each authorized store location will be assigned a vendor number and will receive a vendor stamp with that identifying number. Vendors are not permitted to redeem food instruments at any location until each location is authorized. A newly authorized store cannot begin accepting food instruments until it has received a vendor stamp with its assigned vendor number. **PLEASE NOTE:** If a store location under a corporate vendor begins transacting and/or redeeming food instruments before it receives its vendor stamp, that store location will be denied authorization for a period of three (3) years.

If a currently authorized corporate vendor wishes to seek authorization for additional stores during the agreement period, it must submit an updated vendor authorization application, a Corporate Information Form, Corporate Vendor Training Checklist and a Corporate Attachment Form for each store. The authorization of additional stores will not require the execution of a new vendor agreement. The Corporate Attachment Form for each newly authorized store will be an additional addendum to the existing corporate vendor agreement.

Pharmacy Vendors

With the exception of stores that qualify for participation in Peer Groups C, D and E, any retailer who operates a pharmacy on the premises will be placed in the Pharmacy Peer Group (Peer Group F) and is subject to the restrictions associated with that Peer Group.

A vendor who is placed in the Pharmacy Peer Group is only permitted to redeem special infant formulas and medical foods as specified on the Georgia WIC vendor website. Pharmacy vendors are exempt from maintaining minimum inventory requirements and from A-50 assessments. All Pharmacy peer group vendors must be licensed and remain in good-standing with the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia and must provide a copy of the licensing

credentials upon request. Those who fail to maintain their pharmacy license in good standing will be terminated.

Programmatic reports will be used to verify performance compliance, such as whether a pharmacy vendor is redeeming only exempt infant formula food instruments. Pharmacy vendors shall not accept food instruments through the mail, nor mail any approved formula/medical foods directly to the WIC customer. Doing so will result in termination of the vendor agreement.

Vendors in Peer Groups A, B and G – Prohibited from Redeeming Vouchers for Special Infant Formula and Medical Foods

Stores in Peer Groups A, B and G are **not permitted to redeem vouchers for Special Infant Formula and Medical Foods**. Stores in Peer Groups C, D, E (Military Commissaries), and F (Pharmacies) are the only vendors permitted to redeem these types of vouchers. Please see the Georgia WIC vendor website for the list of vouchers that vendors in each Peer Group are permitted to redeem.

Vendors in Peer Groups A, B and G will not be reimbursed for Special Infant Formula and Medical Food vouchers and those who submit these types of vouchers for payment will not be paid – the vouchers will be returned through the banking system and those vendors risk incurring charges from their financial institution. Vendors should govern themselves accordingly to avoid bank charges.

VENDOR TRAINING

Vendor training is conducted to ensure that all vendors are familiar with Georgia WIC program policies and procedures. Training is offered in all of the following formats: newsletters, videos, videoconferences, or interactive training sessions.

Vendors must register to attend training and must attend on the date they have selected. If the vendor is unable to attend training on the date selected, they must alert Georgia WIC with an alternate date. For authorization training, vendors are required to show a government issued picture ID prior to admission.

Pre-Authorization and Re-Authorization Training

Georgia WIC will provide an initial training session in an interactive format prior to authorization, and at least once every two or three years thereafter during the corresponding vendor re-authorization period. Georgia WIC will provide applicant/vendors with at least one (1) alternate date on which to attend interactive training. Attendance at training will be documented, a checklist of items discussed must be signed by the applicant/vendor and a Post Vendor Training Evaluation test will be administered. A passing score of eighty (80) points or higher is ***required*** to become authorized. There are ***no exceptions*** to the requirement to obtain a passing score of a minimum of 80 points. Each applying store should give the appropriate consideration and preparation when determining the representative sent to complete the authorization training. Vendor applicants cannot attend the initial authorization training session until an application for authorization has been submitted and the vendor has registered to attend. Upon request, the Georgia WIC Program will provide language assistance or accommodation to ensure meaningful access to training for vendor applicants and vendors with a language barrier or a disability.

A representative of a corporate vendor with multiple store locations must initially complete the authorized training session and receive a passing score of eighty (80) points or higher. After completing and passing the training session, the corporate vendor is allowed to conduct authorization training for: 1) existing authorized stores at the time of re-application and 2) new unauthorized stores that will be added to an existing Vendor Agreement. The corporate vendor must conduct authorization training for existing and new locations. The representative must ensure that all training topics are provided to a management representative in each authorized store.

Attendance at a training session, prior to becoming an authorized vendor, does not grant the right to begin accepting WIC food instruments. Only a fully executed vendor agreement that is signed by both parties and the receipt of a vendor stamp constitutes authorization.

Annual Training

Georgia WIC will conduct annual training for vendors regarding changes and updates to policies and procedures. Annual training may be conducted in a variety of formats including newsletters, videos and interactive training. Authorized vendors must provide documentation of participation in annual training by the deadline specified. In addition, corporate vendors must ensure that each store listed in the current Vendor Agreement receives annual training by the deadline specified. Failure to do so will

result in termination of the Vendor Agreement. Failure to provide documentation that each store participated in annual training will result in termination of the store(s).

Customized Training

Georgia WIC representatives may conduct training for employees of WIC vendors at their request. Training requests should be made in writing to Georgia WIC, Office of Vendor Management, 2 Peachtree Street, 10th Floor, Atlanta, Georgia, 30303. Please specify the desired training topics and the type and number of employees who will attend. Georgia WIC and the WIC vendor will mutually agree upon location and dates for the training.

WIC APPROVED FOODS

The WIC Approved Foods posted on the Georgia Department of Public Health website at <http://dph.georgia.gov/vendor-information> are foods that are available to the WIC customer. **ONLY these foods may be purchased by the participant or proxy using the WIC food instrument.**

Because the brand names and types of infant formula as well as special medical foods are too numerous to list, approved foods will be printed directly on the front of the WIC food instrument. **The WIC customer is allowed to purchase the brand, type and size of infant formula or medical food that is printed on the front of the food instrument. Do not allow the WIC customer to purchase infant formula or medical food that is NOT listed on the food instrument.**

The vendor will receive an updated list of approved foods as changes are made, and can always check the Georgia Department of Public Health website for current information. Vendors will periodically receive pamphlets and posters of WIC approved food items that can be used as displays or as a training resource.

List of Infant Formula Wholesalers, Distributors, and Manufacturers

All vendor applicants and authorized vendors are required to purchase infant formula, to be exchanged for WIC food instruments, directly from a WIC approved supplier or manufacturer included on a list provided by the Georgia WIC Program. The Georgia WIC Program does not permit vendors to purchase infant formula from other authorized program vendors or retailers. Only purchases from the approved list will be permitted.

Records of the infant formula purchases must be maintained for a minimum of three (3) previous years plus the current year (or until any pending investigations are closed). In the event of an investigation, only purchase invoices from those approved suppliers will be considered as legitimate. The program may also require vendors to supply the program with written permission to confirm their infant formula purchase history with suppliers.

The approved list includes manufacturers registered with the Food and Drug Administration (FDA) as well as licensed wholesalers, distributors and suppliers. Only Georgia WIC approved Infant Formula is eligible for purchase and distribution. A current list is posted on the Georgia WIC Vendor Management (OVM) Website and available to applicants and authorized vendors. Manufacturers and wholesalers/distributors/suppliers are listed separately. The Infant Formula supplier list will be updated as suppliers are added or at a minimum, annually. Annual updates shall observe the Federal Fiscal year of October 1st through September 30th. Vendors may not appeal the State's decision to include or exclude an infant formula wholesaler, distributor or manufacturer from the approved list.

The Approved Infant Formula Suppliers list can be located on the Georgia WIC Vendor Management Website at: <https://dph.georgia.gov/vendor-information>.

Obtaining Approval to be Placed on the Georgia WIC Approved Infant Formula Supplier List

Wholesalers, distributors, and suppliers may apply to be placed on the approved list by contacting the WIC Office of Vendor Management at 404-657-2900 or toll free at 1-866-814-5468.

The newly posted Georgia WIC Approved Infant Formula Supplier List will have an effective date that reflects the date that the last supplier(s) was added to the approved list.

Non-WIC Inventory Requirement

All vendors except pharmacies are required to carry foods other than WIC approved foods. These food items must consist of qualifying food items approved by SNAP in addition to the WIC minimum inventory and WIC-approved foods, and foods that are intended for home preparation and consumption, such as meat, fish, and poultry bread and cereal products dairy products, fruits, and vegetables. Items such as condiments and spices, coffee, tea, cocoa, carbonated and noncarbonated beverages are included in food sales only when offered for sale along with foods in the four (4) primary categories. Non-food items, alcoholic beverages, hot foods, or food that will be eaten on the store premises are not considered a part of USDA's definition of eligible foods.

At least two hundred (200) items in each of the following categories must be in stock at all times.

Non-WIC Inventory Requirement	
Food Item	Minimum in each category
Meats, Poultry and/or Seafood (refrigerated or frozen)	200
Breads and Cereal Products	200
Dairy (e.g. milk, cheese, yogurt, etc.)	200
Shelf Staples (e.g. flour, sugar, pasta, pudding mix, etc.)	200
Cans, Jars, Bottled Goods (e.g. mayo, ketchup, relish, etc.)	200
Beverages (e.g. soda, water, powdered drinks, etc.)	200
Snack Foods (e.g. crackers, granola bars, etc.)	200

Minimum WIC Food Inventory Requirements

Vendors are **REQUIRED** to maintain in stock a minimum variety and quantity of the WIC foods as described in the chart below. An on-site inventory audit of the below mentioned food items (WIC-approved and non-WIC) is a component to the pre-approval and routine monitoring visits.

Georgia WIC Program Minimum Inventory Requirements Effective April, 2015				
Food Item	Types/Brands	Size	Minimum Inventory	<input checked="" type="checkbox"/>
MILK Least Expensive Brand of type selected/allowed	Whole Milk	Gallon	8 Gallons	<input type="checkbox"/>
	Fat Free/Skim, Low-Fat (1%), Reduced Fat (2%) Milk	Gallon	12 Gallons (Can be Combined)	<input type="checkbox"/>
	Dry Powdered Milk OR Evaporated Milk	Makes 3 Quarts	3 Boxes	<input type="checkbox"/>
		12 oz	12 Cans	<input type="checkbox"/>
CHEESE Least Expensive Brand of type selected/allowed	One Pound Package	16 oz (1 Pound)	8 - 1 lb Packages 2 Types	<input type="checkbox"/>
EGGS Least Expensive Brand	Grade A Large	1 Dozen Carton	8 - 1 Dozen	<input type="checkbox"/>
PEANUT BUTTER	Any Brand Creamy, Crunchy, or Extra Crunchy (Regular or Low-salt)	16-18 oz	6 Containers 2 Brands	<input type="checkbox"/>
BEANS / PEAS / LENTILS	Dried Beans/Peas/ Lentils	1 Pound Packages	5 Packages - 2 Types	<input type="checkbox"/>
	Canned Beans/ Peas/ Lentils	15 - 16 oz Cans	18 Cans - 2 Types	<input type="checkbox"/>
JUICE	Ready to Serve Container	48 oz	12 Containers - 2 Flavors Any Combination	<input type="checkbox"/>
	Non-Frozen Concentrate	11.5 oz		
	Frozen Concentrate	11.5 -12 oz		
WHOLE GRAIN BREAD	Whole Grain Bread	16 oz Loaf	6 Loaves	<input type="checkbox"/>
CEREAL	WIC Approved Cereal		24 Boxes - 4 Types,	

Georgia WIC Program Minimum Inventory Requirements Effective April, 2015				
Food Item	Types/Brands	Size	Minimum Inventory	<input checked="" type="checkbox"/>
Whole Grain	Brands and Types <i>(see WIC Approved Foods List)</i>	11- 36 oz	2 Types must be Whole Grain	<input type="checkbox"/>
FISH Least Expensive of type selected	Tuna Pink Salmon	5 oz, 6 oz, 7.5 oz or 14.75 oz	18 Cans Combined	<input type="checkbox"/>
INFANT FORMULA	Milk Based – Gerber Good Start Gentle Soy Based – Gerber Good Start Soy	12.1 oz Concentrate*	Milk Based - 19 Soy Based - 0	<input type="checkbox"/>
	Milk Based – Gerber Good Start Gentle Soy Based – Gerber Good Start Soy	12.7 oz Powder 12.9 oz Powder	Milk Based - 50 Soy Based - 20	<input type="checkbox"/>
INFANT CEREAL	Dry Cereal	8 oz Box	12 Boxes - 2 Types, 1 must be Rice	<input type="checkbox"/>
INFANT FRUIT & VEGETABLES	Fruit and / or Vegetable	4 oz Jars or 8 oz Twin Packs	96 Jars Combined or 49 – 8 oz Twin Packs	<input type="checkbox"/>
INFANT MEATS	Meats in Gravy or Broth	2.5 oz Jars	31 Meats	<input type="checkbox"/>
FRUITS & VEGETABLES	Fruits	Fresh, Frozen, Canned	Fresh: 20 Types (Combined Fruits and Vegetables)	<input type="checkbox"/>
	Vegetables	Fresh, Frozen, Canned		

* NOTE: MINIMUM INVENTORY FOR CONCENTRATE CONTRACT FORMULAS HAVE BEEN REDUCED. VENDORS **MUST** BE ABLE TO ORDER MILK AND SOY CONTRACT FORMULAS IN A CONCENTRATE FORM WHEN REQUESTED BY THE PARTICIPANT.

THE WIC FOOD INSTRUMENT

The WIC food instrument is similar to a check. A vendor must accept all valid food instruments, with the exception of a pharmacy vendor, who may only redeem food instruments for exempt and special infant formula, including medical foods. The vendor shall not accept counterfeit or altered food instruments.

When food instruments are properly redeemed, the vendor will receive credit for the amount of the purchase by depositing the food instrument into the specific account number provided to Georgia WIC by the vendor for deposit of all WIC food instruments at the vendor's bank.

Food instruments are not transferable and cannot be sold. They must only be redeemed and deposited to the account of the vendor that corresponds with the WIC vendor stamp and location listed on the Vendor Agreement or Corporate Attachment Form. Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000.00 or imprisonment for not more than five years, or both, if the value of the funds is \$100.00 or more. If the value is less than \$100.00, the penalties are fines of not more than \$1,000.00 or imprisonment for not more than one (1) year, or both.

Food Instrument Types and Descriptions

There are (5) five types of WIC food instruments: laser-printed, blank manual, standard manual, computer generated and cash value vouchers. Descriptions and pictures of the food instruments are below.

Laser Printed Food Instruments. The laser-printed food instrument is printed at the clinic site at the time of the participant, parent's, caretaker's and/or proxy's visit.

DO NOT CASH UNLESS THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND AND A FOIL LOGO.						
DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT	VOUCHER NO.	ISSUED BY
United Community Bank 0611196842072112382						
GEORGIA WIC PROGRAM				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE		FIRST DAY TO USE 05/10/2014
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR						LAST DAY TO USE 06/09/2014
FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS						VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE
CPA FPC C01	FPC C01	VC C05				PAY EXACTLY
MILK:	1 gallon Whole milk only. Least expensive brand.				DOLLARS	CENTS
WHOLE GRAIN:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns					
BEANS:	1 lb dried OR 4 cans (15 to 16 oz)					
BUYING, SELLING, OR OTHERWISE MISUSING WIC BENEFITS IS A CRIME. TO REPORT SUSPECTED ABUSE, CALL 800-424-9121 OR VISIT WWW.USDA.GOV/OIG/HOTLINE.HTM.				PARTICIPANT/GUARDIAN/PROXY SIGNATURE		rev. 1-2014

⑈436401981⑈ ⑆061119684⑆ 2072112382⑈

Blank Manual/Handwritten Food Instruments. All information on the food instrument is either handwritten or typed. Redeem only for the amount of food indicated. Only one (1) number should appear in each box. X's are placed in all boxes where there are no numbers. This helps to eliminate any possible unauthorized alterations on the food instrument. There are two (2) types of Blank Manual/Handwritten Food Instruments, which are shown below.

DIST / UNIT / CURRIC 09-2 354		WIC ID NUMBER		PARTICIPANT NAME		RSN	VOUCHER NO. 158010 9	ISSUED BY																																																																
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DIST / UNIT / CURRIC 09-2 354		WIC ID NUMBER		PARTICIPANT NAME		RSN	VOUCHER NO. 96079010 3	ISSUED BY																																																															
GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR 96079010						FIRST DAY TO USE LAST DAY TO USE VENDOR MUST DEPOSIT BY		PAY EXACTLY DOLLARS CENTS																																																															
FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS <table border="1"> <tr> <td colspan="2">CPA/FOOD PACKAGE CODE</td> <td colspan="2">FOOD PACKAGE CODE</td> <td colspan="2">VOUCHER CODE</td> <td colspan="3">GACS-RP 011</td> </tr> <tr> <td colspan="3">FORMULA</td> <td colspan="3">INFANT FOODS</td> <td colspan="3">FRUITS AND VEGETABLES</td> </tr> <tr> <td>Name</td> <td>Powder</td> <td>INFANT CEREAL</td> <td>oz infant</td> <td colspan="5">Fresh, frozen, or canned. No potatoes except sweet potatoes or yams.</td> </tr> <tr> <td>Form (circle one)</td> <td>Concentrate</td> <td>INFANT FRUITS AND VEGETABLES</td> <td>4 oz jars</td> <td colspan="5">No products with added sugar, seasoning, fats, or oils. No creamed vegetables. No stewed or diced tomatoes.</td> </tr> <tr> <td></td> <td>Ready To Feed</td> <td>INFANT MEATS</td> <td>2.5 oz jars</td> <td colspan="5"></td> </tr> <tr> <td colspan="3">CONTAINER SIZE</td> <td colspan="3">NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.</td> <td colspan="3">Not to exceed \$15.00</td> </tr> <tr> <td colspan="3">NUMBER OF CONTAINERS</td> <td colspan="3"></td> <td colspan="3"></td> </tr> </table>									CPA/FOOD PACKAGE CODE		FOOD PACKAGE CODE		VOUCHER CODE		GACS-RP 011			FORMULA			INFANT FOODS			FRUITS AND VEGETABLES			Name	Powder	INFANT CEREAL	oz infant	Fresh, frozen, or canned. No potatoes except sweet potatoes or yams.					Form (circle one)	Concentrate	INFANT FRUITS AND VEGETABLES	4 oz jars	No products with added sugar, seasoning, fats, or oils. No creamed vegetables. No stewed or diced tomatoes.						Ready To Feed	INFANT MEATS	2.5 oz jars						CONTAINER SIZE			NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.			Not to exceed \$15.00			NUMBER OF CONTAINERS								
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@960790104# 061119684: 2072112382# UNITED COMMUNITY BANK 64-1568-611																																																																							

Blank Standard Manual Food Instruments. Blank standard manual food instruments have the WIC approved foods preprinted on the food instruments. The top portion of the food instrument is completed (handwritten) by the clinic staff. These food instruments have two (2) signature boxes.

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME	RSN	VOUCHER NO.	ISSUED BY
02-0 059				81081922 7	
GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS			81081922 FOOD PACKAGE CODE VOUCHER CODE		FIRST DAY TO USE LAST DAY TO USE VENDOR MUST DEPOSIT BY
DRY MILK: 1-3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, Skimmed, 2%) evaporated milk			DOLLARS CENTS		PAY EXACTLY DOLLARS CENTS (Stamp area)
BEANS OR 1 lb dried OR 4 cans (14 to 16 oz) beans PEANUT BUTTER: OR 1 container (16 to 18 oz) peanut butter			SIGN HERE AT GROCERY STORE		
SIGN HERE AT WIC OFFICE			IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION.		
810819225 :06119684: 207212382* UNITED COMMUNITY BANK 61-108-011					


Emergency Computer Generated Food Instruments. These food instruments are used in case of emergencies. All information on the food instrument is computer printed.

DISTRICT / UNIT / CLINIC	WIC ID NO.	C	P	PARTICIPANT	FIRST DAY TO USE
01 1 008	008 679 543	2	6	Wicpersen, Jane	07-01-02
GEORGIA WIC PROGRAM ICES				VOUCHER NO. 24612297	
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS				LAST DAY TO USE 07-31-02	
FOOD PACKAGE CODE 404 VOUCHER CODE 028 MILK: 1 GAL OR 4-12 OZ CNS EVAP OR 1-5 QT BOX EGGS: 1 DOZEN JUICE: 2-12 OZ CANS FROZEN OR 2-46 OZ CANS OR 2-11.5 OZ CANS POURABLE				VENDOR MUST DEPOSIT BY 08-30-02	
YOUR BABY NEEDS SHOTS AT 2 MONTHS, 4 MONTHS, 6 MONTHS, 15 MONTHS, & 5 YEARS				EXCESS PRICE IF EXCESS 17. PAY EXACTLY DOLLARS CENTS	
IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION.				SIGN HERE AT GROCERY STORE VOID VOID VOID VOID	
246122973 :06119684: 2503142*					

Cash Value/Fruit and Vegetable Vouchers (CVV). A CVV is issued for fruits and vegetables.

- CVVs are used to purchase approved fresh, frozen, and canned fruits and vegetables.
- CVVs have a maximum amount listed.
- The WIC participant will be allowed to pay the difference when the cost of their produce exceeds the price stated on the CVV. The amount over the CVV maximum is be subject to tax, when applicable. The WIC participant is responsible for paying the difference plus the applicable sales tax.
- The vendor may need to adjust its current procedures to allow for WIC clients to use payment methods such as Food Stamps EBT cards, cash, credit cards, or debit cards to complete the CVV transaction.

DO NOT CASH UNLESS THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND AND A FOIL LOGO.

DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT	VOUCHER NO.	ISSUED BY
05 1 087	008 456 104	3	6	SAMPLE, SAMPLE	56376849	CSC
United Community Bank 0611196842072112380 GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE		FIRST DAY TO USE 04/14/2015 LAST DAY TO USE 05/14/2015
CPA FPC C21 FPC C21 VC P01 PRODUCE: \$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.				VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE PAY EXACTLY DOLLARS CENTS		
BUYING, SELLING, OR OTHERWISE MISUSING WIC BENEFITS IS A CRIME. TO REPORT SUSPECTED ABUSE, CALL 800-424-9121 OR VISIT WWW.USDA.GOV/OIG/HOTLINE.HTM.				PARTICIPANT/GUARDIAN/PROXY SIGNATURE rev. 1-2014		

⑈56376849⑈ ⑆061119684⑆ 2072112382⑈

Processing WIC Food Instruments Including Cash Value Vouchers

The vendor's bank should be informed that WIC food instruments are negotiable instruments that must be processed through the Federal Reserve Bank. Georgia WIC will provide each vendor a stamp that is embossed with a unique WIC identification number. All food instruments accepted by the vendor must be stamped with this number in preparation for a bank deposit. Only food instruments stamped with an authorized vendor stamp that is issued by Georgia WIC will be paid. The stamp should be fully depressed onto the WIC food instrument so that it is clearly recognizable on the food instrument. Lost, stolen or damaged stamps must be reported to Georgia WIC immediately. **DO NOT REPRODUCE THE VENDOR STAMP.** Food Instruments stamped with an unauthorized vendor stamp will not be paid (see section entitled 'Important Notes about the Vendor Stamp') for further instructions on the vendor stamp). Payment on any food instrument rejected by the WIC banking system is at the sole discretion of Georgia WIC.

Minimum Requirements for Payment

- Food instruments must be issued by Georgia WIC or its authorized local agencies, printed on official Georgia WIC paper, and unaltered.
- Food instruments are accepted on the "First Day to Use" date through the "Last Day to Use" date.
- An authorized WIC vendor stamp appears on the food instrument, is legible, and the food instrument is deposited to the single account provided to Georgia WIC by the vendor.
- Deposited within sixty days of the "First Day to Use" date.
- The amount of purchase is entered in the "PAY EXACTLY SPACE" in ink.
- When stamping, use black ink ONLY with your WIC vendor stamp. DO NOT use any other color of ink.
- A signature is obtained from the participant, in ink, at the time of purchase.
- For cash value vouchers, the vendor must not issue change to a WIC customer for purchases that are less than the total value of the cash value voucher.
- For cash value vouchers, the WIC customer may use his/ her own funds for purchase amounts in excess of the monetary limit for his/her cash value voucher.

WIC Customer Transactions at the Store

WIC food instruments may be presented at authorized vendor locations by WIC participants, parents, caretakers or proxies (WIC customer). WIC customers are required to take their WIC ID folder to each visit to the store. Vendors must request the WIC customer to present the WIC ID folder at the time of the transaction. WIC vendors shall not request any other form of identification from WIC customers in order to transact a WIC food instrument.

WIC foods must be separated from other food purchases prior to the WIC transaction. When approved supplemental food is being purchased with a WIC food instrument, the cashier must complete each food instrument separately and do the following:

Steps to Follow When Accepting WIC Food Instruments

1. Check the participant's WIC ID card/folder. The WIC customer's name must be listed on the ID card/folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
2. For manual food instruments that contain two signature boxes, make sure that the "*Sign here at WIC office*" signature box contains a signature.
3. Check the dates on the food instrument. Food Instruments cannot be used before the "First Day to Use" or after the "Last Day to Use" dates.
4. Ring up the current shelf price of the food for each food instrument. Make sure that the exact types and amounts of approved WIC foods are being purchased.
5. Print in black ink the amount of the WIC purchase in the "Pay Exactly" space on the food instrument in the presence of the WIC customer. Complete this step for one food instrument prior to moving on to the next food instrument.
6. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
7. WIC customers must not be given credit or cash in exchange for WIC food instruments.
8. If the cashier makes a mistake entering the price on the food instrument, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction as verification.
9. If the cash registers do not automatically imprint "WIC" on the receipt, cashiers must write "WIC" vertically on all receipts for food purchased with WIC food instruments.
10. The cashier must provide the WIC customer with a receipt and keep a copy of the receipt for the vendor's records.

Steps to Follow When Accepting Cash Value Vouchers (CVV)

1. Check the participant's WIC ID card/folder. The WIC customer's name must be listed on the ID card/ folder. If the WIC customer does not present a WIC ID card, then the food instruments cannot be redeemed.
2. For manual vouchers that contain two signature boxes, make sure that the "*Sign here at WIC office*" signature box contains a signature.
3. Check the date on the face of the food instrument. CVVs cannot be used before the "First Day to Use" date or after the "Last day to Use" date.
4. Check the food items. They must be fruits and vegetables that cannot be purchased with the regular WIC food instrument.

5. Weigh the fruits or vegetables and/or ring up the current shelf price of the food for each item chosen. Make sure that the exact types of approved WIC foods (fruits and vegetables) are being purchased.
6. CVVs will be issued in specified, maximum dollar amounts.
7. Ring up price of the purchase.
8. Write the price of the purchase in the "Pay Exactly" space in black ink in the presence of the WIC Customer. Complete this step for one CVV before moving on to the next CVV.
9. Obtain a signature from the WIC customer, which must match the signature on the WIC ID card.
10. If the purchase amount is over the max price listed on the face of the CVV, the participant may pay cash or check, credit or EBT for the amount over the max price on the CVV.
11. Include tax for the amount over the maximum on the face of the CVV, if applicable. This amount is not a part of the WIC transaction. Give change for any amount over the face of the CVV. This is not a part of the WIC transaction. Change is not permitted for purchases that are less than the max price listed on the CVV.
12. WIC customers must not be given credit or cash in exchange for CVVs.
13. If the cashier makes a mistake entering the price on the CVV, the incorrect price should be marked through and the correct price written above the error. The cashier must initial the correction.
14. If the cash register does not automatically print "WIC" on the receipt, cashiers must write "WIC" vertically on all receipts for WIC food purchases.
15. The cashier must provide the WIC customer with a receipt, and keep a copy for the vendor's records.

If the amount of the CVV is less than the maximum amount on the face of the food instrument, do not give change and do not charge sales tax. If the price of the purchase is over the amount on the face of the CVV, charge the maximum amount of the purchase to the CVV. Your store will be responsible for collecting any difference over the maximum amount of the CVV. Tax can be charged for the amount over the maximum on the face of the food instrument. The WIC customer can pay the amount over the maximum in cash, credit, debit, EBT, or check. Change can be given for cash payment for any difference over the amount of the maximum for the CVV. That amount is not a part of the WIC transaction.

Important Notes about the WIC Customer for Cashiers and Store Managers

The WIC customer:

1. Must present a WIC ID card to redeem food instruments.
2. Must sign the food instrument at the time of purchase.
3. May not use a WIC food instrument to purchase items not listed on the food instrument.
4. Must never be required to pay cash for items purchased except for items purchased with the cash value/ fruit and vegetable food instrument, in excess of the amount on the food instrument.
5. Must be allowed to purchase all foods listed on the food instrument or CVV, regardless of price.
6. Must be afforded the same courtesies given to other store customers.
7. Must be permitted to purchase eligible food items without making other purchases.
8. Must be charged the same shelf prices as other non-WIC customers.
9. Must not be charged sales tax, except on the purchase amount that is in excess of the amount on the cash value/ fruit and vegetable voucher, if applicable.
10. Must be reported to Georgia WIC immediately if they attempt to purchase foods that are not approved or create other problems in the store.
11. Must not be required to purchase every item on the food instrument.
12. Must not be contacted regarding restitution, payment or to obtain a missing signature.

More Important Notes.

1. WIC approved foods purchased with a WIC food instrument cannot be returned for a cash refund.
2. WIC food instruments from other states must not be accepted.
3. If a manager is called to approve a WIC food instruments transaction, it is imperative that the customer is not identified as a WIC participant, parent, caretaker and/or proxy. Every effort must be made to protect confidentiality and discussion of the transaction should be kept at a conversational level.
4. Separate checkout lines for the WIC customer are prohibited. Signs such as "WIC food instruments not allowed in this line" or "No Checks-No WIC" cannot be displayed. However, vendors who wish to ensure that the WIC customer does not enter certain lines, such as express lines, may post "Cash Only" signs in those lines.

5. Every store must check the customer's WIC identification card for the proper WIC ID number and authorized signature(s). WIC customers have been instructed about the importance of carrying the WIC ID card to the grocery store when using WIC food instruments. Food Instruments cannot be redeemed without the WIC ID card which shows the name of the person redeeming the food instruments.
6. Whenever food instruments are lost or stolen from a WIC health facility, Georgia WIC will notify area vendors that a stop payment has been placed on the food instruments. Vendors will be provided the food instrument numbers and informed not to accept the food instruments for redemption. These food instruments will not be paid.
7. The vendor must not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments except for exchanges of the same brand and size of authorized supplemental food item when the original authorized supplemental food item is defective, recalled, spoiled, or has exceeded its "sell by" or "best if used by," or other date limiting the sale or use of the food item.
8. The WIC customer must be allowed to participate in in-store or manufacturer promotions that are available to all other customers, and that include WIC approved food items. This includes 'buy one get one or more free' promotions.
9. The WIC authorized vendor, its paid or unpaid owners, officers, managers, agents and employees shall not engage in any activity with the WIC participant, proxy, or caretaker that would create a conflict of interest, as determined by Georgia WIC. Authorized WIC vendors are not permitted to act as a proxy for a WIC participant.
10. The vendor is not permitted to provide transportation for the WIC customer to or from the vendor's premises.
11. The vendor is not permitted to deliver WIC approved foods to the WIC customer's residence.
12. The vendor shall not take back items purchased by the participant nor shall a vendor ask about obtaining food items that the participant chooses not to buy with the WIC food instrument.
13. The vendor must not provide unauthorized food or non-food items, cash, credit (including "rain checks") in exchange for food instruments.
14. Georgia WIC will review food instruments submitted for redemption to ensure compliance with price limitations and to detect suspected vendor overcharges and other errors.
15. Georgia WIC may require reimbursement for the full price of the food instrument that contains a vendor overcharge or other error detected as a result of compliance investigations, food instrument reviews, or other reviews or investigations of a vendor's operations.

Food Instrument Payment Procedures

All authorized vendors are required to enroll in the Automated Clearing House (ACH) for payment of WIC food instruments that exceed the maximum allowable price. At the time of authorization and re-authorization, vendors are also required to provide a single account number to which the vendor will deposit all WIC food instruments. If this account number changes, the vendor must notify Georgia WIC in writing within two business days. Upon authorization the ACH Enrollment Form is sent with the Vendor Stamp. **The form must be completed and submitted immediately to the address indicated on the form.** Vendors will have five business days from the date of receipt of the ACH Enrollment Form to enroll. Failure to enroll within the allotted timeframe will result in termination of the vendor agreement.

Approved payments will be posted to the vendor's bank account immediately. Vendors will be able to view their ACH statements on-line at any time on the WIC Banking website at www.wicbanking.com by entering their personal User ID and Password.

User ID and Passwords will be provided by Georgia WIC once the ACH enrollment form has been completed and forwarded to the WIC data processing contractor indicated on the form. Users are urged to change their password when entering the system for the first time. Assistance with changing passwords may be obtained from Georgia WIC at 404-657-2900 or toll free at 1-866-814-5468.

Return Food Instrument Payment Procedures

- If the purchase price on a food instrument exceeds the maximum allowable price for the food instrument, it will be returned from the bank and stamped "Amount Exceeds Limit – Paid via ACH – Do Not Resubmit". The food instrument will be paid at a rate equal to the average redeemed price for that food instrument code for the vendor's peer group.
- Food instruments returned by the vendor's bank stamped "invalid vendor stamp," "unreadable vendor stamp," "missing vendor stamp," or "encoding error" should be corrected and resubmitted for payment through the vendor's bank of deposit. Once a submitted food instrument has been rejected for any of the above reasons, the vendor has 45 days to resubmit the food instrument before it will be considered stale and unredeemable.
- If the redeposit is unsuccessful, or for food instruments returned by the vendor's bank for reasons other than those listed above, send an email communication requesting technical assistance to the Office of Vendor Management. Provide an explanation outlining why the food instruments were returned and require a review for payment consideration. Do not send actual food instruments to the Georgia WIC Program. They will be returned to the vendor.
- Food Instrument returned by the vendor's bank stamped "stale date," "post date", "altered" or "signature missing" **will not be paid.**

Vendor Redemption and Pricing Assessments

Any vendor with less than \$2,000.00 in annual WIC redemptions or not redeeming any WIC food instruments in sixty (60) days will be terminated from the program for a period of one (1) year. Food Instrument redemption data on all vendors will be reviewed on a quarterly basis.

A vendor must maintain competitiveness throughout the agreement period. Non-competitive pricing occurs when the amount paid per food instrument by Georgia WIC to a vendor for a month's payment for all food instruments except cash value food instruments, exempt infant formulas, and medical foods exceeds the statewide average amount paid per food instrument redeemed within the vendor's peer group by more than 50%. If a vendor is found to be non-competitive during an assessment, the vendor will receive written notice. If the vendor is identified as non-competitive for three (3) additional assessments, the vendor agreement will be terminated for a period of twelve (12) months.

Vendors are required to submit and maintain prices that are at, or lower than, other vendors currently participating in the program, within their designated peer group. Vendors must submit shelf pricing each quarter, at a minimum. If a vendor's prices are more than ten (10) percent higher than the maximum prices of others in its Peer Group on more than three (3) items – the vendor will receive a written notification that its pricing is not competitive. WIC vendors are required to maintain competitiveness during the entire agreement period. Vendors may be assessed at any time and those whose prices remain non-competitive for three (3) additional assessments, the vendor agreement will be terminated for a period of twelve (12) months.

Pharmacies and military commissaries are exempt from these redemption assessments.

Vendor Cost Containment

The dollar amount that a store will be paid for each WIC food instrument will be calculated pursuant to the terms and conditions prescribed and approved by USDA. (See USDA website at <http://www.fns.usda.gov/wic/regspublished/vendorccinterim.pdf>). Food Instruments that are deposited in the vendor's bank, and that contain a dollar amount in the "pay exactly box" that exceeds the statewide and/or peer group Maximum Allowable Reimbursement Level (MARL) will be returned by the bank.

Georgia WIC will conduct an annual assessment of each current vendor, except pharmacies and military commissaries, to determine if they derive more than fifty (50) percent of their food revenue from WIC food instruments. Vendors will also be assessed at re-authorization. New vendors will be assessed within six (6) months of authorization to determine if they derive more than fifty (50) percent of their food revenue from WIC food instruments.

Georgia WIC uses vendor reported shelf prices to determine the Maximum Allowable Prices for food items and the Maximum Allowable Reimbursable Limit for food instruments redeemed monthly. Food instruments submitted by vendors in peer groups A through F are paid according to the MARL for their peer group. The WIC vendor agrees to accept an adjustment in the dollar amount written in the 'pay exactly' box of the WIC food instrument if the dollar amount exceeds the statewide average and/or peer group MARL. Vendors who exceed the MARL will be paid based upon the average shelf price, which will

be based on the average shelf prices for all comparable stores in the same peer group and/or the statewide average for a given time period.

All redeemed food items must have a corresponding and preceding shelf price submission for each authorized store location. Shelf price data is used to establish a database of prices and will aid in alleviating redemption issues for infrequently used food instruments. Vendors are encouraged to submit prices for new items as well as price changes of existing items at any time.

All vendors, except pharmacies and military commissaries, will be assessed at application, within six (6) months after authorization, and annually thereafter to determine whether they derive more than fifty (50) percent of their SNAP eligible food sales from WIC redemptions. Georgia WIC will conduct an initial Food Sales Assessment based on programmatic reports to determine whether a vendor is a Probable Above Fifty Percent Vendor (A-50).

Upon notification of Probable A-50 Status, vendors may challenge the initial findings by requesting a detailed Food Sales Assessment to demonstrate that their eligible food sales are less than their WIC sales. A vendor must submit its request for a detailed Food Sales Assessment within fifteen (15) days of the date of the Notice of Probable A-50 Status. A vendor will be determined to be an Above Fifty-Percent Vendor if: (1) it fails to follow the procedures to request a detailed Food Sales Assessment, (2) it fails to provide the documents or information required, (3) it fails to cooperate with the assessment process; or, (4) if the detailed Food Sales Assessment confirms that a vendor is an Above-Fifty Percent vendor.

Applicants or vendors that are determined to be an A-50 vendor will be denied at authorization or terminated from the program unless it is determined that denial of authorization for the vendor would result in inadequate participant access. Vendors determined to be A-50 will receive notification, which contains instructions on how to appeal the denial or termination under the Administrative Review procedures in place. Vendors that remain on the program due to inadequate participant access will be moved to Peer Group G.

Important Notes About The Vendor Stamp

- Lost, stolen, or damaged stamps must be reported to Georgia WIC immediately.
- The vendor stamp must be kept in a secure location at all times.
- Vendors are NOT permitted to reproduce the vendor stamp. Vendors who redeem food instruments stamped with a reproduced stamp may be subject to investigation for fraud and a claim for restitution.
- Vendors will be held responsible for the unauthorized use of the vendor stamp by their paid or unpaid owners, officers, managers, agents, and employees.
- If the inepad dries out, it is the vendor's responsibility to replenish the removable pad. Use only black liquid ink that is specifically designed for stamping mechanisms.
- The vendor stamp is not transferable to another location or individual.
- Food instruments stamped with an unauthorized vendor stamp will not be paid.

CHANGES IN VENDOR INFORMATION

Any changes to the information provided on the vendor application must be communicated to Georgia WIC. Georgia WIC requires the vendor to provide advance written notice of any changes in vendor information including ownership, store location or cessation of operations. It is recommended that vendors use a traceable method of delivery of such notices.

Changes in Store Location or Information

The vendor must provide Georgia WIC with at least twenty-one (21) days advance written notice of any changes in store location or information provided on the most recent vendor application. Each store is authorized based on the ownership and physical address that exists at the time of authorization, and authorization is not transferable to another store location. Therefore, if a change in store location is ten (10) miles or more from the original store location, the vendor must complete and submit an updated application (non-corporate vendor) or corporate attachment form (corporate vendor) *and* sign a new vendor agreement. If the change in store location is less than ten (10) miles from the original store location, the vendor must only complete and submit an updated application or corporate attachment form.

If Georgia WIC discovers that a change in location has occurred before a notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

The vendor must also provide Georgia WIC with written notice of any other change in business or contact information listed on the vendor application, including store name, hours of operation, telephone number and e-mail address(es).

Changes in Store Operation and Sales Information

The vendor must provide Georgia WIC with written notice of any changes made to the "Operation and Sales" section of the vendor authorization application and "Operations, Sales, and Banking Information" section of the Corporate Attachment Form. Specifically, any change pertaining to the types of non-taxable food and non-food items sold by a vendor that are not SNAP or WIC eligible.

Cessation of Operation

The vendor must provide Georgia WIC with at least twenty-one (21) days advance written notice of any changes to the operation or cessation of its business or cessation of business and the effective date. Georgia WIC will acknowledge the receipt of this information.

WIC-authorized vendors must provide Georgia WIC with at least twenty-one (21) days advanced written notice of any plan to cease operations, whether temporarily (e.g., remodeling) or permanently (e.g., store closure). An agreed upon cessation date for accepting and processing WIC food instruments will be established and adhered to. All WIC operations will be suspended during the time that a store is closed. The store location is unable to redeem WIC Food Instruments. In order to determine store readiness, an updated application review and satisfactory site visit are required before WIC operations resume. If

Georgia WIC discovers that an authorized location has temporarily closed without receipt of prior notice, the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

Changes in Ownership (including addition of owner)

The vendor must provide Georgia WIC with at least twenty-one (21) days advance written notice of any changes to the ownership, corporate structure, and management of its business or cessation of business and the effective date. Georgia WIC will acknowledge the receipt of this information.

If business changes involve the addition of new owners, corporate officers, partners, and/or affiliates, a vendor must include the full name, social security number, and date of birth for each individual in its notice to the Department. New people added to an existing business, or who acquire the business must pass the Department's Business Integrity checks. A vendor will be immediately terminated from the program if it fails to provide the Department with advance written notice of such changes and fails to provide the requisite information the Department needs to conduct its Business Integrity checks.

For locations where none of the initial owners retain any ownership interest or for locations ceasing operation, the vendor authorization number will be terminated on the effective date of the change. Any food instruments submitted for payment after the effective date will be returned unpaid. If the vendor wishes to change the effective date, a written notification is required. Otherwise, the vendor authorization number will be terminated, as originally confirmed. Once termination occurs, a vendor must submit a new application and meet all current selection criteria. New owners must submit an application, since WIC vendor agreements are not transferable.

If Georgia WIC discovers that a change in ownership has occurred before notice is received, then the vendor authorization number will be immediately terminated. All food instruments submitted for payment will be returned unpaid and Georgia WIC will establish a claim for reimbursement of redemptions.

Upon the sale of the store, the authorized WIC vendor should inform the new owner that the Georgia WIC Vendor Agreement is non-transferable and that the new owner must submit an application to be considered for authorization as a WIC vendor. If the new owner submits a Vendor Application, then the new owner will be required to provide proof of purchase of the store from the previous WIC vendor.

If a vendor is disqualified from Georgia WIC, the vendor shall not continue operating as a Georgia WIC vendor by selling, assigning or otherwise transferring ownership to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Similarly, upon or after the assessment of a sanction, the vendor may not withdraw from the program, close the store or transfer ownership of the store to the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns. Failure to abide by this provision may subject the vendor to civil liability, fines, and penalties.

Reporting and Changing Shelf Prices

Shelf price surveys are used to identify stores that are in compliance with competitive pricing criteria.

USDA regulations require the Georgia WIC Program to "ensure that a vendor selected for participation in the program does not, subsequent to selection, increase prices to levels that would make the vendor ineligible for authorization." USDA regulations require a shelf price survey to be completed at least every six months following authorization.

Each vendor is required to submit the shelf prices for WIC food items carried in each store location. Georgia WIC collects mandatory shelf prices quarterly, but reserves the right to collect shelf prices outside of that time frame at its discretion. All "cost plus 10%" store locations must submit the final price charged for a food item.

Georgia WIC may request shelf prices for as many or as few items as it desires. Should an authorized Georgia WIC vendor change prices subsequent to authorization, the vendor is requested to inform Georgia WIC of such changes within forty-eight (48) hours of implementing the new prices. The vendor should make the changes at <https://sendss.state.ga.us/sendss/Wicpricing.wiclogin>. To access the database, please use the password provided in the notice for shelf price collection. In the event the vendor fails to update Georgia WIC of such changes, WIC may rely on the latest submission of shelf prices by the vendor in determining its current shelf prices.

Pricing must be submitted for all food items sold or anticipated being sold at each store location. Failure to submit shelf pricing for an item subsequently redeemed is a sanction-able violation (see "Sanction System"). Collection of shelf prices does not constitute either approval or denial by Georgia WIC of the actual shelf prices that the vendor charges WIC participants.

PERFORMANCE COMPLIANCE

Pursuant to federal regulations, Georgia WIC is required to monitor all vendors for possible violations of the Georgia WIC Program's rules, regulations, policies or procedures. Program integrity is further maintained by WIC program representatives that monitor the use and handling of WIC benefits. The Georgia WIC Program utilizes multiple methods to monitor vendors and determine possible violations, including covert compliance investigations and routine monitoring visits to the store location. Any violations that are found will result in the imposition of sanctions (See "Sanction System").

Compliance with Georgia WIC policies and procedures is determined using the following methods:

1. Covert (undercover) compliance investigations
2. Overt announced and unannounced monitoring visits
3. Inventory / Record audits
4. Research and analysis of programmatic data, files, and reports.

Covert Compliance Investigation

Vendors will not receive prior notice when a covert investigation has been scheduled. A vendor will not be advised of any violation that is discovered while the investigation is ongoing unless the violation requires proof of a pattern. In such cases, the vendor will receive written notice of the violation prior to documenting a second violation, unless Georgia WIC determines that notifying the vendor would compromise the investigation.

Vendors will receive notification of all results including violations **after** the investigation is considered closed by the WIC Program representatives.

Vendors may be identified for covert compliance investigations via:

- research of programmatic reports and vendor databases, such as high risk reports and redemption activity;
- vendors who have been reported for potentially violating program policies; or
- random selection if less than five (5) % of vendors are high risk;
- if the total number of vendors that are identified as high risk is greater than five (5) %, the investigations of those high risk vendors will be prioritized based on which indicators are flagged.

Overt Monitoring

Representatives of the federal or state agencies may conduct announced and unannounced overt monitoring visits any time that the store is open for business. All records must be available for review by the representative of the agency upon request.

Audits

Georgia WIC may conduct record or inventory audits on any vendor at any time. Vendors are required to maintain inventory records for the three (3) prior years plus the current year, and make these records available to authorized WIC representatives. Inventory audits will include the examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide WIC customers the quantities specified on food instruments redeemed by the vendor during a given period of time.

Acceptable Records of Inventory

An acceptable record of inventory is a purchase invoice from a wholesaler or supplier. Purchase invoices should reflect the name and address of the wholesaler or supplier, date of the purchase, list of the items purchased, size, stock number, quantity, unit price and total dollar amount for the quantity purchased. Itemized cash receipts must include the name and address of the store or a code number by which the store can be identified, the date of purchase, description of the items purchased, unit price and total purchase price. Itemized cash receipts that do not completely describe the item should have a computer code that can be verified by calling the store manager. Affidavits or oral statements are not acceptable as proof of inventory. During an audit, the vendor must supply Georgia WIC or its representative with documentation of pertinent records upon request.

An authorized WIC vendor must certify that it purchases infant formula only from sources identified on the Georgia WIC Program list of approved suppliers. The certification includes producing retained invoices, copies of purchase orders, receipts or any other proofs of purchase that clearly outline all purchases were made from an approved suppliers on the list at the time of purchase. Proofs of purchase should detail, at a minimum:

- 1) preparation entirely by the supplier from whom the WIC vendor makes the purchase
- 2) the name of the seller
- 3) the name of purchaser (WIC vendor)
- 4) date of purchase
- 5) date vendor received merchandise at the store (if different from the date of purchase)
- 6) a description of each formula purchased, to include brand name, unit size, unit price, type or form and quantity.

A vendor must retain all records of purchases, gross sales receipts, and invoices for all authorized supplemental foods stored at any of its locations or that are otherwise under the vendor's control for a period of three (3) previous years plus the current year. Upon request, the vendor shall make available the records to Georgia WIC. If any litigation, claim, negotiation, audit, or other action involving the

records has begun during the three-year period, the vendor shall keep the records until all issues have been resolved.

A Georgia WIC program representative may request proof of purchases via a compliance visit, a written or verbal request.

A vendor shall be given a specific timeline (generally 14 to 21 days) to submit purchase invoices to the Program. The vendor's failure to retain and provide purchase invoices to the Program upon request or within the period specified, is subject to a sanction and can lead to an authorized WIC vendor's disqualification from the Georgia WIC Program.

If acceptable purchase invoices do not support amounts paid to the authorized vendor for WIC food instruments submitted to the Program, the Program shall recover monies overpaid to the retail vendor.

Programmatic Reports and Database

The WIC Program will review data from specific programmatic reports or databases to identify vendors who may be out of compliance. For example, if a vendor is out of compliance due to overpricing, notification will be given to the vendor to provide an opportunity to reimburse Georgia WIC for the excess amount charged. Failure to repay will result in a program sanction (see "Sanction System").

Programmatic reports will also be generated to determine if a vendor is accepting food instruments outside of what is permissible for their peer group. As an example, a pharmacy vendor's redemptions will be assessed to determine if the location is accepting food instruments other than those for exempt or special infant formulas, including medical foods. Failure to comply shall result in termination of the vendor agreement for cause.

Overall, Georgia WIC monitors all authorized vendors based on established high risk criteria to ensure that vendors remain in compliance with regulations, policies and procedures throughout their agreement period.

High Risk Identification

Georgia WIC must identify high-risk vendors at least once a year using criteria developed by the USDA and the Georgia WIC program. Georgia WIC will utilize a point ranking system to identify and rank vendors at high risk for WIC Program abuse.

Vendor monitoring takes place through the review of food transaction procedures, redemption patterns, and representative on-site visits. Compliance investigations will be conducted on vendors identified as high-risk.

Conflict of Interest

Conflict of interest is prohibited between the Program and the vendor or retailer, as well as the local agency and the vendor. A conflict of interest exists when there is a pecuniary relationship between the vendor and the Program or the local agency. Additionally, a conflict of interest also exists when relatives serve WIC participants. Georgia WIC shall terminate the vendor agreement if the Program identifies a conflict of interest between the vendor and the Program or its local agency representatives.

To ensure the integrity of the WIC Program, both of the Vendor Management oversight functions shall ensure that no undeclared conflict of interest or the appearance of a conflict of interest exists for any employees of the Office of Vendor Management (OVM) and the Department of Public Health (DPH) Office of the Inspector General (OIG). Both offices shall ensure that no conflict of interest exists between their personnel and authorized retailers. A conflict of interest will be deemed to exist when an employee of a vendor oversight function is also a worker, owner or has relatives who work at or own a WIC approved retailer/vendor.

WIC OVM and OIG employees shall not engage in any activities which creates a conflict of interest between the employees' assigned functions and any other interests or obligations or those of immediate family members or business associates.

WIC OVM and OIG employees shall not engage in activities which violate federal or state laws, WIC Policies, or which, in any way, diminish the integrity, efficiency, or quality of the WIC Program.

WIC OVM and OIG employees shall not perform their official duties in a manner that would result in preferential or discriminatory treatment to any applicant or authorized vendor.

WIC OVM and OIG employees shall not, directly or indirectly, ask for, give, receive, or agree to receive any compensation, gift, reward, or gratuity for performing, omitting, or deferring the performance of any job related duties.

WIC OVM and OIG employees shall not abuse, misuse, or disclose confidential information in a manner that can result in a direct benefit to employee or immediate family member or business associate.

WIC OVM and OIG employees must refrain from directing or recommending that a WIC participant choose or stay away from a specific vendor/retailer to redeem benefits.

WIC OVM and OIG employees must refrain from knowingly making a decision intended to benefit or to disadvantage a specific authorized WIC vendor/retailer.

An owner or spouse of an owner of a WIC authorized vendor is prohibited from being concurrently employed by WIC.

All conflicts of interest issues or complaints shall be reported directly to the DPH Office of Human Resources.

Complaints

Georgia WIC must have procedures in place to capture, document and resolve all complaints from applicants, participants, parents or caretakers of infants and children, proxies, retailer/vendors, staff and general public. Complaints of civil rights discrimination must be handled in accordance with 7 C.F.R. § 246.8(b).

The Georgia WIC Office is very concerned about all forms of program abuse and takes all complaints seriously. WIC customers are not allowed to verbally abuse retail store employees or violate the proper procedures for processing food instruments or cash value vouchers. Equally, WIC authorized vendors are held accountable for observing the program's policies, procedures and honoring the terms of the vendor agreement. The Georgia WIC Program provides a toll-free (in Georgia) customer service hotline (1-866-814-5468) that WIC vendors and participants may call to report complaints/incidents or to make inquiries. The participant may also contact their local WIC clinic to voice any complaint/incident.

The local agency must complete a complaint/incident form and begin the resolution process on all complaints from a WIC participant concerning a vendor. Once a complaint/incident is initiated at the local level, correspondence or contact is made with the State WIC office for additional processing. Resolution, at the State agency, will be initiated within twenty-four (24) hours of receipt. The local agency will receive notification regarding how and when the complaint/incident was resolved.

Participant Complaints

Authorized WIC vendors are encouraged to report all participant complaints to the Georgia WIC State Office. Examples of participant complaints include, but are not limited to:

- adverse treatment of a vendor's owner, manager or employees;
- use of altered WIC food instruments (i.e., changing dates, names, or food amounts);
- purchase or attempted purchase of unauthorized foods with WIC food instruments;
- persistent attempts to purchase larger quantities of an authorized supplemental food item than listed on a WIC food instrument;
- transaction of WIC food instruments outside of the valid period;
- transaction of WIC food instruments at an unauthorized vendor;
- sale of WIC food instruments or other Food and Nutrition Service (FNS) authorized coupons;
- transaction of WIC food instruments by a person not listed on the Georgia WIC Program ID Card (WIC ID).

Vendor Complaints

Vendor complaints are those complaints filed by WIC participants or others concerning an authorized WIC vendor. Examples of vendor complaints include, but are not limited to:

- adverse treatment of a WIC participant by a vendor's owner, manager or employee;
- charging more to WIC participants than other customers;

- providing outdated or spoiled food items;
- refusal to accept manufacturers' coupons, or other store discounts; and
- Inadequate variety and/or quantity of WIC-authorized supplemental food items.

The Georgia WIC Program will take the appropriate follow up action on all complaints received.

Responding to/Resolving Participant Complaints:

Vendors may file a complaint against a WIC participant/proxy by calling the Customer Service Hotline or by contacting the Office of Vendor Management by mail. The Office of Vendor Management will refer the participant complaint to the Office of Program Integrity and Strategy for follow up and resolution.

Responding to/Resolving Vendor Complaints:

The Office of Vendor Management will accept, investigate, take the appropriate follow up action and resolve all reported vendor related complaints.

Resolution Process for complaints against Vendors:

The WIC Vendor location identified in a complaint will be contacted by a representative of the Georgia WIC Program within one (1) business day of receipt of a complaint. The following steps will be taken:

- Discuss the specific details of the complaint;
- Provide technical assistance (if applicable);
- Request that vendor research the complaint and develop a corrective action plan for resolution, i.e.
 - Train employees
 - Contact complainant (if permitted)
 - Proactively correct non-compliance complaint.
- Where a complaint cannot be investigated and resolved within the same business day, the Georgia WIC Program representative will request a response from the vendor in two (2) business days or less confirming a final disposition where the corrective action plan has been completed as agreed upon.
- After complete resolution has taken place, all parties involved are contacted to ensure satisfactory resolution has taken place.
- The details of the complaint and its final disposition will be formally documented and can result in additional program follow-up, depending on the nature of the complaint.

A vendor may be investigated when a complaint/incident appears to be a sanction-able offense. Follow-up efforts and a final disposition may result in compliance visits, warning letters and notice of sanction-able offenses.

Complaints of Civil Rights Violations

Complaints of Civil Rights violations will be handled in accordance with Federal Law and the Department of Agriculture (USDA) policy. The policy states:

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender

identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (for Spanish).

The Office of Vendor Management will document all received complaints. If the referral is participant related, the complaint will be referred to the Office of Program Integrity and Strategy for follow up and resolution.

All vendor complaints will be handled as outlined in "Vendor Complaints" and a final report will be provided to the USDA.

Confidentiality of Retailer Information

The State of Georgia strongly supports public access to records in an effort to promote transparent and open government, and, thus, finds that public records should be made available for public inspection without delay, except when specifically required by federal statute or regulation to be kept confidential.

The federal statute and regulations governing the administration of the Georgia WIC Program requires that confidential vendor information not be disclosed. Confidential vendor information is any information about a vendor (whether it is obtained from the vendor or another source) that individually identifies the vendor, except for vendor's name, address, telephone number, Web site/email address, and vendor type and authorization status. The Georgia WIC Program will apply the same limitations to the use and release of information obtained from USDA-Supplemental Nutrition Assistance Program (SNAP) regarding SNAP retailers, whether or not the retailer is a WIC retailer. Except as otherwise permitted by this section, the Georgia Women, Infants and Children Program must restrict the use or disclosure of confidential vendor information to:

(1) Individuals directly connected with the administration or enforcement of the WIC Program or the Georgia Department of Human Services – Supplemental Nutrition Assistance Program (SNAP) or whom Georgia WIC Legal Unit determines have a need to know the information for purposes of these programs.

(2) Individuals directly connected with the administration or enforcement of any Federal or State law or local law or ordinance. Prior to releasing the information to one of these parties (other than a Federal agency), Georgia WIC must enter into a written agreement with the requesting party specifying that

such information may not be used or disclosed except for purposes directly connected to the administration or enforcement of a Federal, or State law; and
(3) a vendor that is subject to an adverse action, including a claim, to the extent that the confidential information concerns the vendor subject to the adverse action and is related to the adverse action.

WIC Vendor Agreement

The State of Georgia WIC Vendor Agreement defines the roles and responsibilities of authorized retailers. By reference this WIC Vendor Handbook is made part of the Vendor Agreement and the policies and procedures outlined in this handbook are an integral part of the Vendor Agreement. The Vendor Agreement, Vendor Handbook, federal regulations, and policy letters outline Georgia WIC Program policies and procedures that must be met by each authorized vendor location.

Georgia WIC may terminate the Vendor Agreement with an authorized vendor by providing fifteen (15) days advance written notice. The vendor may terminate the Vendor Agreement by providing twenty-one (21) days advance written notice. The parties shall not be released from the duty to perform their obligation up to the date of termination. Neither Georgia WIC nor the authorized vendor location has an obligation to renew the Vendor Agreement.

Vendor Agreement Renewal (Reauthorization) and Amendments

Prior to the end of an agreement period, as assigned by the Georgia WIC Program, the vendor must apply for renewal of the agreement. The reauthorization process requires the completion of re-authorization training (see "Vendor Training"), submission of a new application, submission of all required documentation as outlined in the vendor application as well as meeting &/or exceeding the selection criteria as outlined prior to the end of the current agreement period (see "Vendor Authorization and Participation"). Renewal of the agreement will be based upon both the vendor limiting criteria and vendor selection criteria.

Expiration of a contract or agreement with a grocer or pharmacy is not subject to appeal. Neither the State Agency, nor the vendor has an obligation to renew the contract or agreement.

The vendor agreement may be amended, at any time, at the sole discretion of the Georgia WIC Program. Vendors, who do not accept, sign and return amendments to the agreement, as outlined are subject to expiration of their current vendor agreement after fifteen (15) days' notice.

TERMINATION OF THE VENDOR AGREEMENT

Summary Termination

Georgia WIC will immediately terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

Termination upon Notice

Georgia WIC may terminate the vendor agreement for cause after providing at least fifteen (15) days advance written notice. Use of the vendor stamp shall be discontinued fifteen (15) days after the date of the termination notice. Any food instruments submitted for payment after fifteen (15) days of the date of the termination notice will not be paid. All terminations shall remain in effect during the administrative review process. Reasons for termination may include, but are not limited to, the following:

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this vendor handbook.
4. Accepting food instruments through the mail or mailing any approved formula/medical food directly to the WIC customer.
5. Failure to complete and submit documentation for annual training by the deadline specified by Georgia WIC.
6. Failure to provide Georgia WIC with written notice of a change in the vendor's business within at least twenty-one (21) days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
7. Two (2) failed attempts by Georgia WIC to contact the vendor during business hours at the vendor's reported address and telephone number.
8. Determination that the vendor's SNAP license is invalid or not current.
9. Intentionally providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
10. Failure to provide food instruments, inventory records, food sales or tax information upon request.

11. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
12. Forging a participant's signature on a WIC food instrument.
13. Reproducing the WIC vendor stamp.
14. Identification by Georgia WIC of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and Georgia WIC or its local agencies.
15. Failure to enroll in ACH within the time specified.
16. Four (4) failed assessments for non-competitive prices within a 12-month period or less.
17. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this handbook.
18. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
19. Less than \$2,000.00 in annual WIC redemptions or not redeeming any WIC food instruments in sixty (60) days, except pharmacies and military commissaries.
20. Vendors that are determined to be an A-50 vendor will be terminated from the program, unless it is determined that termination would result in inadequate participant access.
21. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized WIC vendor. The vendor may re-apply, as a new applicant, no sooner than one (1) year after being terminated from Georgia WIC. To re-apply, the vendor must complete the application process in its entirety.

SANCTIONS AND THE SANCTION SYSTEM

Sanctions

Any authorized WIC vendor found to be in violation of federal regulations or Georgia WIC policy will be assessed a sanction consistent with the severity and nature of the violation. Vendor violations means any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents or employees, with or without the knowledge of management, that violates the WIC Vendor Agreement or federal or state statutes, regulations, policies or procedures governing the Program.

There are seven (7) categories of sanctions: three (3) categories of state agency sanctions and four (4) categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both state agency and federal mandatory sanctions must be enforced when violations occur.

Violations are categorized by the nature and severity of the violation. Each category has a prescribed period of disqualification. Sanctions shall be assessed as follows:

1. In the event of multiple violations, the highest sanction assessed to a vendor shall determine the period of disqualification.
2. All State agency violations assessed are retained in the vendor's file for a period of one (1) year and will roll off at the end of that period.
3. If both mandatory and state agency sanctions result from a single investigation, and the disqualification for a mandatory sanction is not upheld during the administrative review process, then Georgia WIC may impose the state agency sanction.

Georgia WIC will notify a vendor in writing when an investigation reveals an initial incidence of a program violation for which a pattern of incidences must be established to impose a sanction before another violation is documented, unless Georgia WIC determines that notifying the vendor would compromise an investigation.

Disqualification

A vendor will be disqualified from Georgia WIC for committing certain program violations. The actual disqualification period is determined using the same criteria for every vendor.

1. Georgia WIC will not accept voluntary withdrawal as an alternative to disqualification.
2. A vendor that has been disqualified from SNAP will be disqualified from WIC for the same period of time. If a vendor has been assessed a CMP in lieu of disqualification for a SNAP violation, the vendor agreement will be terminated for the initially issued SNAP disqualification period.

3. Disqualification from the WIC Program may also result in a civil money penalty or disqualification from SNAP. Such disqualification may not be subject to administrative or judicial review under SNAP.
4. If a vendor is disqualified or assessed a civil money penalty (CMP) for a federal mandatory sanction from the WIC Program in another state (see federal mandatory sanctions), the vendor will be disqualified from the Georgia WIC Program for the same period of time.
5. A vendor may be assessed (CMP) in lieu of disqualification, if the disqualification will result in inadequate participant access. Upon assessment of a CMP, the disqualification period will be waived. Subsequent visits may be conducted during a waived disqualification period. If violations occur during a subsequent visit, the vendor will be disqualified for a period equal to the period that the CMP was assessed or a second CMP may be imposed.

Effective Date of Adverse Actions

Denials of vendor authorization and permanent disqualifications are effective on the date of receipt of the notice of the adverse action, at which time the vendor stamp will be discontinued. All other adverse actions against a vendor are effective fifteen days after the date of the notice of the adverse action. For those adverse actions resulting in disqualification (other than denials of vendor authorization and permanent disqualifications), use of the vendor stamp shall be discontinued fifteen days after the date of the notice of the adverse action. Any food instruments submitted for payment after fifteen days of the date of the notice of the adverse action will not be paid. All adverse actions shall remain in effect during the administrative review process.

The Sanction System

Below is a description of the Georgia WIC sanction system and how it works. For those violations that require a pattern, a pattern is established when the same violation occurs at least twice.

State Agency Sanctions

If a violation occurs in Category I, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time within twelve (12) months from the date of this first offense warning notification, the vendor will receive another warning for the second offense. If the **same** violation occurs a third time within twelve (12) months from the date of this first offense warning notification, the vendor will be disqualified for the time period specified for that category (six months).

If a violation occurs in Category II, the vendor will receive written warning for the first offense. If the **same** violation occurs a second time within twelve (12) months from the date of this first offense warning notification, the vendor will receive another warning for the second offense. If the **same**

violation occurs a third time within twelve (12) months from the date of this first offense warning notification, the vendor will be disqualified for the time period specified for that category (eight months.)

If a violation occurs in Category III, the vendor will receive written warning for the first offense. If the same violation occurs again within twelve (12) months from the date of this first offense warning notification, the vendor will be disqualified for the time period specified for that category (ten months).

If a vendor receives a warning letter and desires further explanation, the vendor may call Georgia WIC and speak with the Vendor Relations Unit Manager or submit a written request for further explanation to Georgia WIC.

State Agency Sanctions Category I - Disqualification for six months on third violation

1. Stocking or selling out of date and/or inconsumable WIC food commodities to WIC participants. This will include any WIC product that has a specific expiration date, sell by, best if sold by or similar wording with a date printed on the container. **Note:** All observed concerns with sanitation and food safety will be immediately reported to the Georgia Department of Agriculture.
2. Failure to allow in-store or manufacturers' promotional or free item with a WIC purchase.
3. Failure to submit or return requested documentation, other than food instruments or inventory records, food sales, tax information, or documentation for annual training, by the stated deadline.
4. Failure to stock the required inventory of contract formula.
5. Failure to stock the required inventory of any WIC food items other than contract formula.
6. Claiming reimbursement for a food item for which there has been no submitted shelf price.

State Agency Sanctions Category II - Disqualification for eight months on third violation

1. Allowing the purchase of WIC foods in unauthorized container sizes.
2. Requiring WIC participants to show any identification other than the WIC identification card.
3. Use of a non-approved label by a bread manufacturer in the vendor's store.
4. Prices not marked on or near WIC foods with the exception of Infant Formula or Fruits or Vegetables.

State Agency Sanctions Category III - Disqualification for ten months on second violation

1. Failure to ring up a sale of WIC purchases.

2. Failure to write the price on a food instrument before the participant signs in plain sight of the participant during the WIC transaction.
3. Refusing to accept a valid WIC food instrument from a participant.
4. Allowing the substitution of one WIC approved food item listed on the food instrument for another WIC approved food item not listed on the food instrument.
5. Failure to repay charges within thirty (30) days.
6. Contacting WIC participants for any reason regarding a WIC transaction.
7. Requiring participant to pay cash to redeem WIC food instruments, except for personal payments for amounts over the maximum amount of a Cash Value/Fruit and Vegetable Food Instrument.
8. Allowing the purchase of any formula other than the one specified on the front of the food instrument.
9. Failing to provide a WIC participant with the same courtesies as other customers
10. Prices not marked clearly on or near WIC infant formula.
11. Allowing WIC food items to exceed the quantity specified on the food instrument (except for manufacturers' or in-store promotional or free items that are offered to all customers.)
12. Failure to allow the purchase of any WIC food item.
13. Issuing a "rain check"/IOU for WIC approved foods.
14. Charging sales tax on a WIC food item other than on the amount that exceeds the value of the Cash Value Fruit and Vegetable Voucher.
15. Failure to provide WIC participants with a receipt.
16. Failure to check a WIC customer's WIC ID card/folder.
17. Tampering with the manufacturer dates on any food item.

Federal Mandatory Sanctions

If a vendor previously has been assessed a Mandatory Sanction for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations, then the second sanction will be doubled. If a civil money penalty is imposed in lieu of disqualification, then the amount of that penalty will be doubled up to the maximum limits per violation.

If a vendor previously has been assessed two or more sanctions for any of the violations carrying one, three or six year disqualifications, and receives another sanction for any of these violations, then the third sanction and all subsequent sanctions will be doubled. Civil money penalties shall not be imposed in lieu of disqualification for third or subsequent sanctions.

Federal Mandatory Sanctions Category IV - Disqualification for one year

1. A pattern of providing unauthorized food items in exchange for food instruments or cash value vouchers, including charging for supplemental foods provided in excess of those listed on the food instrument.
2. A pattern of an above-50-percent vendor providing prohibited incentive items to customers.

Federal Mandatory Sanctions Category V - Disqualification for three years

1. A pattern of receiving, transacting, or redeeming food instruments or cash-value vouchers outside of authorized channels, such as at locations different from the authorized location listed on the Vendor Agreement, or the use of an unauthorized vendor or an unauthorized person. This includes but is not limited to delivering WIC food items to WIC participants, collecting WIC food instruments prior to completing the WIC transaction or collecting the WIC food instruments prior to the "first date of use" on the food instrument.
2. A pattern of providing credit or non-food items (other than alcohol, alcoholic beverages, tobacco products, cash, firearms, ammunition, explosives or controlled substances) in exchange for WIC food instruments or cash-value vouchers.
3. A pattern of vendor overcharges.
4. A pattern of charging for supplemental food not received by the participant. This includes but is not limited to vendor representatives receiving WIC foods not received by the participants. The WIC participant does not have the authority to give WIC foods to vendor or its representatives and neither does the vendor or its representatives have the authority to accept such WIC food items.
5. A pattern of claiming reimbursement for the sale of an amount of a specific supplemental food item which exceeds the store's documented inventory of that supplemental food item for a specific period of time.
6. One incidence of providing alcohol or alcoholic beverages or tobacco products in exchange for WIC food instruments or cash-value vouchers.

Federal Mandatory Sanctions Category VI - Disqualification for six years

1. One incidence of buying or selling WIC food instruments or cash value vouchers for cash (trafficking).

2. One incidence of selling firearms, ammunition, explosives, or controlled substances, in exchange for food instruments or cash-value vouchers.

Federal Mandatory Sanctions Category VII - Permanent disqualification

1. Conviction for trafficking in food instruments or cash-value vouchers
2. Conviction for selling firearms, ammunition, explosives, or controlled substances in exchange for food instruments or cash value vouchers.

Additional Notes on Violations

Vendors who commit fraud or abuse in the program are subject to criminal prosecution. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than \$25,000.00 or imprisonment for not more than five years, or both, if the value of the funds is \$100.00 or more. If the value is less than \$100.00, the penalties are fines of not more than \$1,000.00 or imprisonment for not more than one year, or both. Georgia WIC will refer all criminal activity including theft and fraud to law enforcement.

When Georgia WIC determines that a vendor has committed a vendor violation that affects payment to the vendor, Georgia WIC will delay payment and establish a claim. In addition to delaying payment and asserting a claim, Georgia WIC may sanction the vendor for vendor overcharges or other errors in accordance with the sanction schedule. Payment of food instruments submitted through the banking system by the vendor will be suspended as of the date of the notice of adverse action pending review by Georgia WIC. The vendor will be instructed to submit all outstanding food instruments to Georgia WIC for review and payment consideration.

Civil Monetary Penalties (CMP)

Prior to disqualifying a vendor for any mandatory or state agency violations, Georgia WIC must determine if disqualification of the vendor will result in inadequate participant access. Inadequate participant access occurs when there is not another authorized WIC vendor within ten miles of the vendor who has committed the violation. Only when Georgia WIC determines and documents that disqualification of the vendor would result in inadequate participant access, a civil money penalty must be imposed in lieu of disqualification. CMPs will only be assessed for both state and mandatory sanctions in the event of inadequate participant access, as determined by Georgia WIC. The CMP shall not exceed \$11,000.00 per violation, or \$49,000.00 for multiple violations occurring during a single investigation.

CMPs must be paid within thirty (30) days of the notice of approval. Installments may be considered up to a maximum of six (6) months. If a vendor does not pay, partially pays, or fails to pay a CMP assessed in lieu of disqualification on time, the Georgia WIC Program will disqualify the vendor for the length of the disqualification corresponding to the violation for which the CMP was assessed. A CMP does not relieve a vendor of the financial liability for timely payment of claims assessed for vendor violations or errors. Assessed claims must be paid in addition to the CMP.

CMP Methodology for State Agency Sanctions

A vendor may be assessed a CMP in lieu of disqualification if the disqualification will result in inadequate participant access. Upon assessment of a CMP, the disqualification period will be waived. Subsequent visits may be conducted during a waived disqualification period. If violations occur during a subsequent visit, a vendor will be assessed a warning for those violations and may be issued another CMP in lieu of disqualification if the requisite pattern of violations is met. Only two (2) CMPs may be assessed against a vendor. A vendor will be disqualified from the Georgia WIC Program for third and subsequent sanctions.

CMPs will be assessed in lieu of disqualification for State Agency sanctions based on the chart below.

Civil Money Penalty Formula for State Agency Sanctions Based on Six Month WIC Redemption

Category	For \$0 to \$11,000 in Redemptions (CMP Base Rate)	For Redemption Amount Above \$11,000 (CMP= Base Rate + % of Total Redemption over \$11,000)
Category I	\$500	\$500 + 1% of redemption over \$11,000
Category II	\$1,000	\$1,000 + 2% of redemption over \$11,000
Category III	\$1,500	\$1,500 + 3% of redemption over \$11,000

For State agency Sanctions, the first CMP will be reduced by fifty (50) percent if the vendor presents documented proof that they had an effective training program in place. At a minimum, the training content must be centered around cashier operations which have a direct impact on the quality of adhering to WIC policies and procedures as an authorized WIC vendor. The vendor is responsible for informing and training all of its cashiers and other staff on the most current WIC policies and procedures, at all times.

The submitted training documentation must show proof of the following:

- An outline of training content covered
- The name of the store personnel administering the training
- The signature, date of signature by the trainer next to a statement attesting to having administered the content as outlined
- A list of the names of the personnel trained
- A signature of personnel in attendance next to their listed name
- The date and location of the training

Note: this training *must be* held during the fiscal year and before the disqualification notification.

CMPs cannot exceed \$11,000.00 per violation or \$49,000.00 per investigation. If more than one (1) violation is detected during a compliance investigation, a CMP must be imposed for each violation (up to the \$11,000.00/\$49,000.00 limits). Only two (2) CMPs can be assessed against a vendor. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.

CMP Methodology for Mandatory Sanctions

For a violation that warrants permanent disqualification, the amount of the CMP shall be \$11,000.00 for each violation, not to exceed \$49,000.00.

For each violation subject to a mandatory sanction, the following formula will be used to calculate the amount of the CMP imposed in lieu of disqualification.

1. Determine the vendor's average monthly redemptions for at least the six (6) months ending immediately preceding the month during which the notice of the adverse action is dated.
2. Multiply the average monthly redemptions figure by ten (10) percent.
3. Multiply the amount from step 2 above by the number of months for which the store would have been disqualified. This is the amount of the civil money penalty, provided that the civil money penalty shall not exceed \$11,000.00 per violation. The total amount of the CMP assessed for violations that occur during a single investigation may not exceed \$49,000.00.

If a vendor who received a Categories IV, V or VI sanction receives a second sanction in any of these categories, the second sanction must be doubled. However, CMPs can only be doubled up to the limits stated above. CMPs cannot be imposed in lieu of disqualification for third and subsequent sanctions in these categories.

ADMINISTRATIVE REVIEW AND APPEAL PROCEDURES

A vendor may appeal certain adverse action(s) imposed by Georgia WIC. Adverse actions a vendor may appeal, as well as Georgia WIC's administrative review procedures are detailed below. Vendors are required to adhere to these procedures if requesting review of an adverse action.

After a vendor requests an appeal, Georgia WIC will issue a written decision, including the basis for it, within ninety (90) days of the date of receipt of the vendor's request. This timeframe is an administrative timeframe only – it does not provide a basis for overturning an adverse action by Georgia WIC if a decision is not made within the specified timeframe.

If reimbursement is owed to Georgia WIC by the vendor as a result of the adverse action being affirmed after administrative review, neither the vendor nor its affiliates shall be eligible to participate as an authorized WIC vendor until the reimbursement is paid in full. The vendor may not circumvent reimbursement by selling or otherwise making any changes or amendments to its corporate structure that was in place since the time of its initial authorization.

Procedures for Vendor Administrative Review, Hearings and Appeals

(1) Effective Date of Adverse Actions Unless a later date is specified in the notice of adverse action against a vendor by the State agency, all adverse actions (except denials of vendor authorization and permanent disqualifications which are effective on the date of receipt of the notice) shall be effective fifteen days after the date of the notice of the adverse action. All adverse actions shall remain in effect during the administrative appeal process.

(2) Full Administrative Review

(a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:

- (i) denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7);
- (ii) termination of an agreement for cause;
- (iii) disqualification; and
- (iv) imposition of a fine or a civil money penalty in lieu of disqualification.

(b) These procedures shall be followed in cases meriting full administrative review:

- (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the notice shall

include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."

- (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
- (iii) Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
- (iv) The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
 - (A) Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review;
 - (B) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request;
 - (C) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
 - (D) The opportunity to be represented by counsel; and
 - (E) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
- (v) The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
- (vi) The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.
- (vii) When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41.

If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.

(3) Abbreviated Administrative Review

(a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:

- (i) denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
- (ii) denial of authorization based on the application of the vendor selection criteria for competitive price;
- (iii) the application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (iv) denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
- (v) denial of authorization based on the State agency's vendor limiting criteria;
- (vi) denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
- (vii) termination of an agreement because of a change in ownership or location or cessation of operations;
- (viii) disqualification based on a trafficking conviction;
- (ix) disqualification based on the imposition of a SNAP civil money penalty for hardship;
- (x) disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
- (xi) a civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and
- (xii) denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

(b) These procedures shall be followed in cases meriting abbreviated administrative review:

- (i) The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;

- (ii) A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
- (iii) Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
- (iv) The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

(4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);
- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(i)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;

- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;
- (j) Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and
- (k) Disqualification of a vendor as a result of disqualification from SNAP.

Non-discrimination

Authorized Retail Store locations must offer WIC Participants the same courtesies as those offered to other customers, e.g., no separate lines or hours. Any practice that singles out Participants from other customers is prohibited. Such practices include:

- keeping lists of Participants,
- having Participants sign cash register receipts,
- having specific register lines Participants must use,
- keeping folders for each Participant,
- keeping Participants' receipts, and
- the offering or denial of incentives solely to WIC participants (based on 7 CFR 246.12(h)(3)(iii) and WIC Policy Memorandum 2012-3, Vendor Incentive Items).

In accordance with Federal law and U.S. Department of Agriculture policy, the Georgia WIC Program and all authorized Retailers are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

WHERE TO GET MORE INFORMATION

Georgia WIC has a vendor customer service hotline (toll free in Georgia) available to assist Georgia WIC vendors with any aspect of the WIC Program. The hotline is available Monday through Friday, except State holidays, from 8:00 AM – 5:00 PM Eastern Standard Time (EST). After 5:00 PM and during periods of high volume calling, please leave a voice message.

Georgia WIC
Office of Vendor Management
2 Peachtree Street, NW
10th Floor
Atlanta, Georgia 30303-3142
404-657-2900

Customer service hotline: 1-866-814-5468 (toll free within Georgia)

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)

Buying, selling, or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9121 or visit www.usda.gov/oig/hotline.htm.

Civil Rights

Limited English Proficiency (LEP) – Other Language Services

Title VI of the Civil Rights Act of 1964, prohibits discrimination based on language. Any individual who applies to or participates in the WIC program who is not proficient in English must be provided with an interpreter. See Federal Regulations: §246.8 (b), FNS Instruction 113-1, CNPP Civil Rights Policy Notice No. 2013-3

All participants must be advised at the service delivery point of the availability of other language services. As the main food delivery channel for Georgia WIC, the Program asks that each authorized vendor location uses appropriate interpreters to communicate information, where applicable. **Limited English Proficiency (LEP)** resources are available to assure meaningful access for all WIC participants. Approved interpreters are provided via a language line service. See below for instructions outlining the use of the service:

Language Line Services Quick Reference Guide

When receiving a call from a participant with limited-English, begin at Step 1; when managing a face-to-face service with a participant with limited-English, begin at Step 2:

1. PRESS "Conf" to place the non-English speaker on hold
2. DIAL: 1-866-874-3972
3. ENTER on your keypad or provide the representative with the Client ID and Company Name:
You may press 0 or stay on the line for assistance.
 - 6-digit Client ID : 5 1 3 1 8 2
 - Company Name: WIC Branch
4. PRESS 1 for Spanish; Press 2 for all other languages (speak the name of the language when prompted)
An Interpreter will be connected to the call.
5. BRIEF the Interpreter. Summarize what you wish to accomplish and give any special instructions.
6. Add the non-English speaker to the line or call.

When placing a call to an individual with limited-English, begin at Step 2 above.

If you need assistance when placing a call to a non-English speaker, you may press 9 to transfer to a representative at the beginning of the call. The Interpreter will connect you with the person to whom you want to speak. Once connected, the Interpreter will translate your information and the individual's response.

GLOSSARY

Above-50 percent vendors – A vendor that derives more than fifty percent of its SNAP eligible food sales revenue from WIC food instruments, and new vendor applicants expected to meet this criterion under guidelines approved by FNS. New vendors will be assessed within six (6) months of authorization, and all vendors will be assessed annually to determine if they are an Above 50% vendor. Applicants identified as potential or actual above 50% vendors will not be authorized. Authorized vendors assessed as Above 50 % vendors will be terminated from the program unless denial of authorization for that vendor would result in inadequate participant access. Pharmacies and military commissaries are exempt from this assessment.

Applicant – Anyone deemed associated with the ownership, management or operation of the applying entity including owners, officers, partners, directors, employees, members or stockholders, registered agents, relatives by blood or marriage, heirs, assigns, as well as the immediate family of owners, officers, partners, members or stockholders or registered agents.

Administrative Review – A review process offered to vendors attempting to challenge decisions made by the program. Such decisions include, but are not limited to, denial of authorization, disqualification, and termination of the vendor agreement.

Affiliates – A business that is related to another business, usually by being in the position of a member or a subordinate role. Two businesses may be affiliated if one has control over the other or if both are controlled by a third company.

Annual Training – A yearly mandatory training conducted for all WIC authorized stores to receive instruction regarding program changes and updates to policies and procedures.

Authorized Supplemental Foods – Those supplemental foods authorized by Georgia WIC for issuance to a particular participant.

Automatic Clearing House (ACH) – An electronic funds transfer network which enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries.

“Best if used by” - Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.

Cash-Value/Fruit and Vegetable Voucher (CVV) – A fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card or other document which is used by a participant to obtain authorized fruits and vegetables.

Civil Money Penalty – A monetary penalty that can be assessed in lieu of a sanction.

Claim - A bill or request for reimbursement of funds.

Confidential Vendor Information – Based upon § 246.26(e), confidential vendor information is any information about a vendor that identifies the vendor except for the vendor's name, address, authorization status, telephone number, web-site/e-mail address and store type.

Conflict of Interest - A conflict of interest exists when there is a pecuniary relationship between the Retailer and the Program or the Local Agency; when relatives serve WIC Participants; and/or when a technical assistance, training or monitoring visit is conducted by a program staff person who may be related to the store owner or other store management staff.

Contracted Brand Infant Formula – All infant formulas (except EXEMPT INFANT FORMULAS) produced by the manufacturer awarded the infant formula cost containment contract.

Corporate Vendor – A WIC authorized vendor that is owned by a corporate entity. A corporate vendor can be a publicly or privately owned corporation or a limited liability company (LLC).

Cost-plus pricing or Cost-plus 10% pricing - The practice, by a company, of determining the cost of their product to them and then adding a percentage on top of that price to determine the selling price to the customer.

Covert Compliance Investigation or Compliance Buy – An undercover, onsite investigation in which a representative of the WIC Program poses as a participant, parent, or caretaker of an infant or child participant, or proxy, transacts one or more food instruments, and does not reveal during the visit that he or she is a program representative.

Customized Training – Training that vendors can request to suit their specific training needs.

Days – Calendar days, unless otherwise noted.

Delivery – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.

Disqualification – The act of ending the Program participation of a participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons (e.g. termination of vendors from Georgia WIC for program violations.)

Documentation – The presentation of written documents which substantiate statements made by a WIC applicant or participant or a person applying on behalf of an applicant.

Exempt Infant Formula – An infant formula that meets the requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 350a(h)) and the regulations at 21 C.F.R. parts 106 and 107.

Federal Mandatory Vendor Sanction – A sanction required by federal law for a vendor's violation of the WIC Vendor Agreement or the laws, regulations, rules, and policies governing the WIC program, imposed pursuant to 7 C.F.R. 246.12(l) (1).

First date of use – The first date on which the food instrument may be used to obtain supplemental foods.

Food Instrument – A voucher, check, electronic benefits transfer (EBT) card, coupon or other document which is used by a participant to obtain supplemental foods.

Food Sales – Sales of all Supplemental Nutrition Assistance Program (SNAP) - eligible foods intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and noncarbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store.

Food Sales Establishment License – A license granted by the Georgia Department of Agriculture which permits the retail food vendor to sell food items.

High-Risk Vendor – A vendor identified as having a high probability of committing a vendor violation through application of the criteria established in § 246.12(j)(3) and any additional criteria established by Georgia WIC.

Inadequate Participant Access – Condition that exists when the distance between an authorized WIC vendor is ten (10) miles or more.

Incentive Items – may include, but are not limited to, cash prizes, lottery tickets, transportation, sales or specials and other free food or merchandise. Minimal customer courtesies of the retail food trade, such as bagging or helping load groceries are exceptions.

Inventory – Supplemental foods in stock, received, and issued.

Inventory Audit – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time.

Inventory Records - Up-to-date records that are required for tax purposes and that include records on purchases, receipts, and inventory.

Lack of Business Integrity - Activities indicating a lack of business integrity include fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, and obstruction of justice.

Last Date of Use – The last date on which the food instrument may be used to obtain authorized supplemental foods.

LEP (Limited English Proficiency) – an individual that is limited in the use of the English language.

Minimum Inventory – Required inventory that all vendors must carry everyday at all times, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping minimum inventory.

Non-Contract Brand Infant Formula – All infant formula, including exempt infant formula, that is not covered by an infant formula cost containment contract awarded by that State agency.

Non-WIC Inventory – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List.

Participants – Persons who are receiving supplemental foods or food instruments under the WIC Program, such as pregnant women, breastfeeding women, postpartum women, infants and children, and the breastfed infants of participant breastfeeding women.

Pharmacy Vendor – A WIC authorized vendor that is allowed to redeem only exempt or special infant formulas, including medical foods. All WIC approved Pharmacy Vendors who shall redeem only exempt or special infant formulas, including medical foods must be licensed by the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia.

Pre Approval Visit – An on-site visit to a vendor's retail food establishment to verify location, inventory, and all other information submitted on the vendor application.

Price Adjustment – An adjustment made by Georgia WIC, in accordance with the vendor agreement, to the purchase price on a food instrument after it has been submitted by a vendor for redemption to ensure that the payment to the vendor for the food instrument complies with Georgia WIC's price limitations.

Proxy – Any person designated by a woman WIC participant, or by a parent or caretaker of an infant or child WIC participant, to obtain and transact food instruments or to obtain supplemental foods on behalf of a WIC participant.

Purchase price – A space for the purchase price to be entered on the WIC food instrument.

Offense or Violation – An act against the programs rules, regulation, policies or procedure.

Routine Monitoring – Overt, on-site monitoring during which program representatives identify themselves to vendor personnel.

Redemption – The act of cashing the WIC food instrument according to WIC banking standards.

Redemption period – The date by which the vendor must submit the food instrument for redemption. This date must be no more than sixty days from the first date on which the food instrument may be used.

Sanction – A penalty that is imposed when WIC program rules, regulations, policies or procedures are violated.

"Sell By" - Date limiting the sale or use of the food item as provided for in Federal Food Drug and Cosmetic Act.

Sign or Signature – A handwritten signature on paper or an electronic signature.

State agency – The health department or comparable agency of each state. In this instance, the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC.

Supplemental Nutrition Assistance Program (SNAP) – *SNAP* is the new name for the federal *Food Stamp Program*.

Termination – Discontinuance of vendor participation in the Georgia WIC program.

Trafficking - The exchange of WIC checks for cash.

Vendor – A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by Georgia WIC to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity is considered to be a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location. Mobile stores are authorized in Georgia only when necessary to meet the special needs described in the Georgia WIC State Plan in accordance with § 246.4(a)(14)(xiv).

Vendor Authorization – The process by which Georgia WIC assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors.

Vendor Number – A unique four digit number that is used to identify each vendor authorized to provide WIC food items. Redemption activity must be identified by the vendor that submitted the food instrument, using the vendor number. Each vendor operated by a single business entity must be identified separately.

Vendor Peer Group System – A classification of authorized vendors into groups based on common characteristics or criteria that affect food prices, for the purpose of applying appropriate competitive price criteria to vendors at authorization and limiting payments for food to competitive levels.

Vendor Overcharge – Intentionally or unintentionally charging Georgia WIC more for authorized supplemental foods than is permitted under the vendor agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and Georgia WIC makes a price adjustment to the food instrument.

Vendor Selection Criteria – The criteria established by Georgia WIC to select individual vendors for authorization consistent with the requirements in § 246.12(g)(3) and (g)(4).

Vendor Training – The procedures Georgia WIC will use to train vendors in accordance with 7 C.F.R 246.12(i). Georgia WIC will provide training annually to at least one representative from each vendor. Vendor Applicants will receive training at the time of authorization. Participating Vendors will receive re-authorization training at least once every three years in an interactive format.

Vendor Violation – Any intentional or unintentional action of a vendor's paid or unpaid owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing the Program.

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended (42 U.S.C. §1786).

WIC-eligible medical foods – Certain enteral products that are specifically formulated to provide nutritional support for individuals with a qualifying condition, when the use of conventional foods is precluded, restricted, or inadequate. Such WIC eligible medical foods must serve the purpose of a food, meal or diet (may be nutritionally complete or incomplete) and provide a source of calories and one or more nutrients; be designed for enteral digestion via an oral or tube feeding; and may not be a conventional food, drug, flavoring, or enzyme. WIC eligible medical foods include many, but not all, products that meet the definition of medical food in Section 5 (b)(3) of the Orphan Drug Act (21 U.S.C. 360ee(b)(3)).

GEORGIA WIC PROGRAM
VENDOR AGREEMENT

Full Legal Name of Store or Corporation _____

Doing Business As (If applicable) _____

Street Address _____
Store location or corporate home office

City _____ State _____ Zip _____

Business Telephone _____ County _____
(Area Code) Number

Mailing Address _____
(If different from above)

City _____ State _____ Zip _____

Email Address _____

Fax Number _____

Federal Employer Identification Number _____

Registered Agent _____
(If applicable)

Mailing Address _____

City _____ State _____ Zip _____

NOTE: All communications, i.e. disqualifications, sanctions, addendums, annual training, etc. will be mailed to all listed addresses

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY
WIC VENDOR NUMBER
(Non-corporate vendors only)

This Agreement is by and between the Georgia Special Supplemental Nutrition Program for Women, Infant and Children ("Georgia WIC" or the "Program") having a mailing address of Two Peachtree Street NW, Suite 10-476, Atlanta, Georgia, 30303-3142, and the above-named business entity ("the Vendor"). This agreement is effective for the period beginning _____ and ending September 30, 2017.

I. PURPOSE

The purpose of this agreement is to establish the terms and conditions for an authorized vendor to sell prescribed supplemental foods under the Georgia WIC Program, in accordance with federal and state laws and regulations.

II. VENDOR ELIGIBILITY AND LOCATION

- A. An eligible vendor is a business entity that is 1) licensed by the Georgia Department of Agriculture and, 2) without a debarment or suspension from United States Department of Agriculture. Military commissaries and pharmacies do not have to be licensed by the Georgia Department of Agriculture.
- B. An eligible vendor is a business entity that is 1) registered and licensed by the United States Department of Agriculture Food & Nutrition Service as a retail participant in the Supplemental Nutrition Assistance Program or SNAP (formally the Food Stamp Program) and 2) is in good standing without debarment or suspension from the United States Department of Agriculture or the SNAP program. Military commissaries and pharmacies do not have to be SNAP participants.
- C. An eligible vendor must have a fixed location with an official physical address.
- D. An eligible vendor must meet all requirements as described in the most recent version of the Georgia WIC Program Vendor Handbook and all addendums.
- E. The vendor must comply with the selection criteria, including any changes to those criteria, throughout the agreement period. The Georgia WIC Program may reassess any authorized vendor at any time during the vendor agreement period using the current vendor selection criteria, and will terminate the agreement if the vendor fails to meet those criteria.
- F. A vendor authorized as a military commissary or pharmacy will be given certain exceptions to this agreement. The exceptions are outlined in this Agreement and the Georgia WIC Program Vendor Handbook.

III. RESPONSIBILITIES – VENDOR

The Vendor agrees to comply with the provisions of this agreement and all federal and state laws, policies, procedures, rules and regulations, including those contained in the most recent publication of the Vendor Handbook and State Plan, and any subsequent revisions to the policies, procedures, laws, rules and regulations issued by the federal government and the Georgia WIC Program during the agreement period. This Agreement will be interpreted according to the laws of the state of Georgia.

A. THE VENDOR AGREES AND COVENANTS:

- 1. To be fully accountable for the actions of its paid or unpaid owners, officers, managers, agents and employees, including any vendor violations committed by such persons.
- 2. To abide by the rules, policies and procedures as outlined in the most

- recent publication of the Georgia WIC Program Vendor Handbook and all addendums, and all federal and state laws and regulations.
3. To not solicit the WIC customer on the premises of WIC clinics.
 4. To only purchase infant formula, that will be redeemed for WIC vouchers, from the Approved Infant Formula Supplier list. Records of the infant formula purchase must be maintained according to Section III.J.4 of this Agreement.
 5. To submit total food sales and gross sales revenue records, and any other records or information needed to validate total food sales and gross sales, as requested by the Georgia WIC Program, and to complete and submit, upon request, any authorization documents pertaining thereto.
 6. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
 7. To carry a substantial amount of non-WIC food inventory at all times. The vendor must carry the minimum amount of items in each category as specified in the Vendor Handbook.
 8. To comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria.
 9. To not offer, advertise, promise or indicate an intention to provide incentives to WIC participants. Vendors who use advertisements or incentives to solicit the business of WIC participants, or offer incentives or delivery services will be subject to sanctions as explained in this Vendor Agreement and the Vendor Handbook. Incentives include but are not limited to free or complimentary gifts, home delivery of foods, store memberships, and free or discounted services.
 10. To prominently display in plain sight the poster provided by the Georgia WIC Program indicating that the store welcomes or accepts WIC.
 11. To submit all records, or information requested by Georgia WIC within the timeframe for compliance with the request, and to sign any authorization documents requesting the release of information or documents directly to the Georgia WIC Program.

B. VENDOR TRAINING

Prior to accepting WIC vouchers, the vendor or his authorized representative must receive interactive authorized training. The vendor must also participate in annual training on changes and updates on the Georgia WIC Program policies and procedures. The Georgia WIC Program will provide the date, time and location of the training, and will provide vendors with at least one alternative date on which to attend interactive training. The vendor may submit a written request for the Georgia WIC Program to provide subsequent customized training to store personnel at any time after both parties have signed the agreement.

The vendor agrees and covenants:

1. To participate in all required training, including annual training.

2. To provide training on the requirements of the WIC program to paid and unpaid employees, agents and all personnel involved in WIC transactions.
3. To not participate in the Georgia WIC Program until Authorized Training has been completed and a vendor stamp has been issued.
4. To not participate in the Georgia WIC Program until the vendor has received a passing score of eighty points or higher on the Post Vendor Training Evaluation.

C. NO SUBSTITUTIONS, CASH, REFUNDS, OR EXCHANGES

The vendor agrees and covenants:

1. To only charge for authorized supplemental foods selected by the WIC customer as listed on the food instrument or cash value/fruit and vegetable voucher, and not charge for WIC approved items that are not received by the WIC customer.
2. To not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for food instruments or cash value/fruit and vegetable vouchers.
3. To not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of the same brand and size when the original authorized supplemental food item is defective, spoiled, recalled or has exceeded its "sell by" or "best if used by" or other date limiting the sale or use of the food item.
4. To provide only the authorized infant formula which the vendor has obtained pursuant to paragraph (4) of Section III.A of this agreement, to participants in exchange for food instruments for infant formula.

D. FOOD INSTRUMENT TRANSACTIONS

The vendor agrees and covenants:

1. To accept food instruments and cash-value vouchers only from WIC participants, parents or caretakers of infants and child participants, or proxies (the "WIC customer").
2. To ensure that WIC food instrument transactions are processed in accordance with the procedures set forth in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. To not demand that a WIC customer purchase every eligible WIC food item listed on the voucher.
4. To allow WIC customers the right to purchase the eligible foods of their choice as listed on the WIC food instrument, cash value voucher and the approved food list.
5. To ensure that the purchase price is entered on food instruments and cash-value vouchers in accordance with the procedures governing the processing of WIC food instruments in the most recent publication of the Vendor Handbook. The purchase price must include only the authorized supplemental food items actually provided and must be entered on the food instrument or cash-value voucher in plain sight of the WIC customer during the WIC transaction.

6. To ensure that the WIC customer signs the food instrument or cash-value voucher in the presence of the cashier.
7. To only allow the purchase of supplemental foods listed on the food instrument and cash value/fruit and vegetable voucher.
8. To offer the WIC customer the same courtesies offered to all other customers.
9. To ensure that all information including the identity of the WIC customer is kept confidential, in accordance with federal and state law and regulation.
10. To ensure that the Georgia WIC Program is not being charged for foods not received by the participant.
11. To not charge the WIC customer for authorized supplemental foods obtained with food instruments or cash-value vouchers.
12. To not contact or seek restitution from the WIC customer for WIC food vouchers not paid or partially paid by the Georgia WIC Program.
13. To not request cash from the WIC customer for any WIC transaction except for transactions involving the cash value/fruit and vegetable vouchers, for which the total amount of the transaction exceeds the amount on the voucher.
14. To not provide the WIC customer with unauthorized food or non-credit food items, rain checks/IOUs, credit slips, due bills or other similar receipts for WIC foods not obtained at the time of the purchase.
15. To allow the WIC customer to participate in in-store and/or manufacturer promotions that include WIC approved food items. This includes 'buy one, get one or more free' promotions.
16. To not collect sales tax on authorized WIC food purchases, except on the purchase amount that is in excess of the amount on a cash value/fruit and vegetable voucher, if applicable.
17. To not charge the WIC customer or the Georgia WIC Program for bank fees or other fees related to food instrument redemption.
18. To allow the WIC customer to use their own funds in excess of the monetary limits for their cash value/fruit and vegetable voucher.
19. To not issue cash change to a WIC customer for purchases less than the total value of the cash value/fruit and vegetable voucher.
20. To only use the cash value/fruit and vegetable voucher for fruit and vegetable purchases.
21. To enroll in the Automatic Clearing House upon authorization for the payment of WIC vouchers that exceeds the maximum allowable price.
22. To provide a single account number to which all WIC vouchers will be deposited.

E. PRICING

The vendor agrees and covenants:

1. To clearly mark the price of WIC foods on the item, container, shelf or sign near the WIC food item.
2. To provide each WIC food item at or below the current shelf price.
3. To not accept WIC food instruments or cash value/fruit and vegetable vouchers before the "First Date to Use" or after the "Last Date to Use" as printed on the food instrument.

4. To submit vouchers to the bank for payment within sixty days from the "First Date to Use" as indicated on each food instrument.
5. To submit food instruments and cash-value vouchers for redemption in accordance with the redemption and voucher payment procedures outlined in the most recent version of the Vendor Handbook.
6. To accept an adjustment in the amount written in the "pay exactly" box of the WIC food instrument submitted for redemption if the amount exceeds the statewide and/ or peer group Maximum Allowable Prices or Maximum Allowable Reimbursement Level.
7. To remain price-competitive throughout the agreement period. If the vendor is identified as non-competitive for three additional assessments for a total of four (4) failed assessments within a twelve-month period or less, the vendor agreement will be terminated.

F. OVERCHARGING

The vendor agrees and covenants:

To not overcharge the WIC customer or the Georgia WIC Program by charging more than the vendor's current shelf price for a WIC approved food item(s), or by charging a WIC participant more for food than a non WIC customer.

G. VENDOR COST CONTAINMENT

The Georgia WIC Program is responsible for ensuring that vendors charge competitive prices for supplemental foods. Accordingly, the Georgia WIC Program will assess all authorized vendors annually and at reauthorization, except pharmacies and military commissaries, to determine if they derive more than fifty (50) percent of their food revenue from WIC transactions. Newly authorized vendors will be assessed within six (6) months of authorization to determine if they derive more than fifty (50) percent of their food revenue from WIC transactions.

If an authorized vendor is determined to derive more than fifty (50) percent of its food revenue from WIC transactions at an annual assessment, that vendor will be terminated from the Georgia WIC Program, unless termination will result in inadequate participant access, in which case, a vendor will be reassigned to Peer Group G. The Georgia WIC Program's decision to terminate an authorized vendor based upon an Above-Fifty Percent designation may be appealed.

If upon reassessment the Georgia WIC Program reassigns a vendor to a peer group offering a lower level of reimbursement in error, and on appeal the vendor is restored to their original peer group, damages to the vendor will be limited to the difference between the reimbursement that should have been received and the reimbursement actually received.

H. NON-DISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

I. CHANGE OF OWNERSHIP OR LOCATION, OR CHANGE/CESSATION OF OPERATIONS

The vendor agrees and covenants:

1. To submit to the Georgia WIC Program proof of ownership, identity and any other requested documents, (e.g. articles of incorporation, bill of sale, partnership declaration, evidence of sole proprietorship, social security card, driver's license, etc.).
2. To notify the Georgia WIC Program in writing at least twenty-one days in advance of any change in location or other information, including but not limited to the name of the store and telephone number, change in ownership or change/cessation of business operations.

J. PERFORMANCE COMPLIANCE AND CONFLICT OF INTEREST

The vendor agrees and covenants:

1. To be monitored for compliance with Georgia WIC Program requirements.
2. To permit unannounced visits by federal or state agency representatives to review adherence to federal and state laws and the Georgia WIC Program policies and procedures.
3. To provide access to Georgia WIC food instruments and cash value/fruit and vegetable vouchers on hand, inventory records (invoices) and any other business records during a monitoring visit or inventory audit by any authorized federal or state agency representative.
4. To maintain records used for federal tax reporting purposes, inventory records including purchase and sales invoices and receipts, and all other records related to Georgia WIC transactions and participation in the Georgia WIC Program for the three previous years and the current year, or until pending investigations are completed, if longer.
5. To disclose any potential or actual conflict of interest between the vendor and the Georgia WIC Program or its employees.
6. To not engage in any activity with the Georgia WIC customer that would create a conflict of interest, as determined by the Georgia WIC Program. This includes, but is not limited, acting as a proxy for the Georgia WIC customer.
7. To not attempt to circumvent a sanction(s) by selling, assigning or otherwise transferring ownership to any person including the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns.

K. VENDOR CLAIMS AND PAYMENTS

The vendor agrees and covenants:

1. To pay any claim assessed by the Georgia WIC Program, in accordance with Section VIII of this Agreement, if the Georgia WIC Program determines that vendor has committed a violation affecting payment to the vendor.
2. To pay claims and penalties levied for audit citations and for sanctions levied pursuant to this agreement and the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. That denial of payment by the state agency or payment of a claim by the vendor for a vendor violation(s) shall not absolve a vendor of the violation(s) committed; and that sanctions may be assessed against a vendor for program violations according to the version of the Vendor Handbook and all amendments in effect at the time the violation occurs.

L. STATE PROPERTY

The vendor agrees and covenants:

1. To return the vendor stamp(s) to the Georgia WIC Program upon termination, change of ownership or disqualification.
2. To immediately report lost, stolen or damaged vendor stamps to the Georgia WIC Program .
3. To not reproduce the vendor stamp.

IV. RESPONSIBILITIES – GEORGIA WIC PROGRAM

The Georgia WIC Program agrees to adhere to federal and state laws, policies, procedures, rules and regulations, including the most recent publication of the Vendor Handbook and all addendums.

Any subsequent revisions to the policies, procedures, laws, rules and regulations that relate to the Georgia WIC Program issued by the federal government are hereby made a part of this agreement.

Georgia WIC Program further agrees:

- A. To provide the vendor with the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- B. To ensure that Georgia WIC customers are informed of the proper food instrument redemption procedures and the correct use of Georgia WIC food instruments.
- C. To notify the vendor of new program requirements set forth by the U.S. Department of Agriculture regulations and the Georgia WIC Program.
- D. To provide training for the vendor on policies and procedures of the Georgia WIC Program, at a time, place and in a manner prescribed by the Georgia WIC Program.
- E. To monitor and audit vendors for possible violations of the Georgia WIC Program rules, regulations, policies or procedures.
- F. To enforce rules, regulations, policies and procedures of the Georgia WIC Program through a system of claims, penalties, and/or sanctions as described in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- G. To provide appropriate written notice of intent or reason(s) to terminate this agreement.
- H. To notify the vendor of the right to appeal those adverse actions that are appealable.
- I. To provide payment for food instruments validly redeemed and submitted to the Georgia WIC Program as prescribed in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- J. To deny payment for food instruments that are fraudulent or improperly completed, redeemed or submitted.
- K. To delay payment or establish a claim when it determines the vendor has committed a vendor violation that affects payment to the vendor.
- L. To provide a vendor the opportunity to justify or correct a claim assessed against it, and to collect such a claim in accordance with Section VIII of this Agreement.
- M. To notify vendor of stolen vouchers. Stolen vouchers may not be redeemed.
- N. To maintain an up-to-date listing of Approved Infant Formula wholesalers, manufacturers and distributors that authorized vendors must use to purchase infant formula.

V. TERMINATION OF THE VENDOR AGREEMENT

Summary Termination. The Georgia WIC Program will terminate this agreement if it determines that the vendor provided false information or made a

material omission in connection with its application for authorization or re-authorization.

Termination Upon Notice. The Georgia WIC Program may terminate the vendor agreement for cause after providing at least 15 days advance written notice. Reasons for termination may include, but are not limited to, the following:

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Expiration of the agreement without a new application being submitted.
4. Civil Money Penalty imposed by SNAP in lieu of disqualification.
5. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this agreement and the vendor handbook.
6. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
7. Failure to complete and submit documentation for annual training by the deadline specified by the Georgia WIC Program.
8. Failure to provide the Georgia WIC Program with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
9. Two failed attempts by the Georgia WIC Program to contact the vendor during business hours at the vendor's reported address and telephone number.
10. Determination that the vendor's SNAP license is invalid or not current.
11. Providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
12. Failure to provide food instruments, inventory records, food sales or tax information upon request.
13. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
14. Forging a participant's signature on a WIC food instrument.
15. Reproducing the WIC vendor stamp.
16. Identification by the Georgia WIC Program of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and the Georgia WIC Program or its local agencies.
17. Failure to enroll in ACH within the time specified.
18. Four failed assessments for non-competitive prices within a 12-month period or less.
19. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this agreement and the vendor handbook.
20. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
21. Less than \$2,000.00 in annual WIC redemptions or failure to redeem any WIC food instruments in sixty (60) days.
22. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized Georgia WIC vendor. The vendor may re-apply no sooner than one (1) year after being terminated from the Georgia WIC Program. To re-apply, the vendor must complete the application process in its entirety.

If a termination is overturned on appeal, the Georgia WIC Program shall not be liable for consequential damages, including but not limited to lost profits and attorney's fees.

VI. SANCTIONS

Any authorized Georgia WIC vendor found to be in violation of federal regulations or the Georgia WIC Program policy will be assessed a sanction consistent with the severity and nature of the violation, in accordance with the Georgia WIC Program sanction schedule. Vendor violations means any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions, three categories of State agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both State agency and Federal mandatory sanctions must be enforced when violations occur.

The vendor is required to abide by the provisions of the current Georgia WIC Program Vendor Handbook, as amended, including the sanction schedule outlined therein. The vendor will be sanctioned for program violations according to the version of the handbook and all amendments in effect at the time the violation occurs.

The Georgia WIC Program will notify the vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Georgia WIC Program determines, in its sole discretion, on a case by case basis, that notifying the vendor would compromise the investigation.

If there is credible evidence that the vendor has committed fraud or abuse in excess of \$1000.00 or other major criminal activity has occurred, the Georgia WIC Program will immediately advise the USDA Food and Nutrition Service Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General Regional Office.

Disqualification from the WIC program may result in disqualification as a retailer in SNAP. Such disqualification may not be subject to administrative or judicial review under SNAP.

VII. SANCTIONS/VIOLATIONS FROM PREVIOUS AGREEMENT PERIODS

- A. **Sanctions.** Any sanctions that are in the vendor's record at the time of re-authorization will remain on the vendor's record for the period of time specified when the sanction was issued. Prior year's sanctions may result in a denial of the authorization of the application and/or additional sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.
- B. **Violations.** Pending and/or potential violations, that exist at the time of re-authorization will accrue and may result in sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

VIII. CLAIMS ASSESSED AND COLLECTED AGAINST VENDORS

- A. When it is determined that a vendor has committed a vendor violation that affects payment to the vendor by Georgia WIC, or Georgia WIC identifies errors in a vendor's completed food instrument(s) submitted for payment, Georgia WIC will delay payment or establish a claim against a vendor.
- B. A vendor will be afforded an opportunity to justify or correct a vendor overcharge or other error. Should Georgia WIC not approve the justification or correction, a vendor will be responsible for repayment of the claim assessed. Such claims are not subject to administrative review.
- C. Claims for repayment may be collected as follows:
 - 1. Offsetting the claim against current and subsequent amounts to be paid to a vendor;
 - 2. Submitting a written request for payment to a vendor specifying repayment within thirty (30) days of the date of the request in the event the claim cannot be fully repaid via offset; and,
 - 3. Pursuing claims collection efforts through the State Attorney General's Office if not paid within thirty (30) days of written request for repayment.

IX. CRIMINAL PENALTIES

The vendor will be subject to criminal prosecution under applicable federal, state or local law for fraud or abuse in the program. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than twenty-five thousand dollars (\$25,000.00) or imprisonment for not more than five (5) years, or both, if the value of the funds is one hundred dollars (\$100.00) or more. If the value is less than one hundred dollars (\$100.00), the penalties are fines of not more than one thousand dollars (\$1,000.00) or imprisonment for not more than one (1) year, or both. The Georgia WIC Program will refer all criminal activity including theft, fraud and embezzlement to local law enforcement.

X. ADVERSE ACTIONS AND REVIEW PROCEDURES

Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as Georgia WIC's administrative review procedures are found in the Section 511-8-1-.06 of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

XI. SEVERABILITY

If any one provision of this agreement or form attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

XII. RENEWABILITY

This agreement is not renewable. If the vendor wishes to continue to be authorized beyond the current agreement period, the vendor must re-apply for authorization.

XIII. NON – TRANSFERABILITY

This agreement is not transferable.

XIV. MISCELLANEOUS

The vendor certifies, through the signature of the owner, or an authorized representative below, that he or she understands and accepts all terms of this agreement. The individual signing this agreement certifies that they are authorized to sign the agreement on behalf of the vendor.

This agreement becomes valid only upon the signature of an authorized representative of the Georgia WIC Program and upon receipt, by the vendor, of an executed copy along with vendor stamps for each authorized location.

This agreement does not constitute a license or property interest. If the vendor wishes to continue to be authorized beyond the period of this agreement, the vendor must apply for re-authorization. If the vendor is disqualified, the Georgia WIC Program will terminate this agreement, and the vendor will have to re-apply to be authorized after the disqualification period is over. The vendor's new application will be subject to the vendor selection criteria and any vendor limiting criteria in effect at the time of re-application.

The Georgia WIC Program Vendor Handbook is part of this agreement, and is incorporated by reference.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

[SIGNATURES ON THE FOLLOWING PAGE]

VENDOR SIGNATURE

Signature of Authorized Representative (no initials)	First	Middle	Last	Date
--	-------	--------	------	------

Authorized Representative (Type or Print) (no initials)	First	Middle	Last	Date
---	-------	--------	------	------

Title (Type or Print)

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY

GEORGIA WIC PROGRAM SIGNATURE

Signature	Date
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Debra L. Keyes
Authorized Representative (Type or Print)

WIC Director
Title (Type or Print)

**GEORGIA WIC PROGRAM
VENDOR AGREEMENT**

Full Legal Name of Store or Corporation _____

Doing Business As (If applicable) _____

Street Address _____
Store location or corporate home office

City _____ **State** _____ **Zip** _____

Business Telephone _____ **County** _____
(Area Code) Number

Mailing Address _____
(If different from above)

City _____ **State** _____ **Zip** _____

Email Address _____

Fax Number _____

Federal Employer Identification Number _____

Registered Agent _____
(If applicable)

Mailing Address _____

City _____ **State** _____ **Zip** _____

NOTE: All communications, i.e. disqualifications, sanctions, addendums, annual training, etc. will be mailed to all listed addresses

DO NOT WRITE BELOW THIS LINE

**GEORGIA WIC PROGRAM USE ONLY
WIC VENDOR NUMBER
(Non-corporate vendors only)**

This Agreement is by and between the Georgia Special Supplemental Nutrition Program for Women, Infant and Children ("Georgia WIC" or the "Program") having a mailing address of Two Peachtree Street NW, Suite 10-476, Atlanta, Georgia, 30303-3142, and the above-named business entity ("the Vendor"). This agreement is effective for the period beginning _____ and ending **September 30, 2016**.

I. PURPOSE

The purpose of this agreement is to establish the terms and conditions for an authorized vendor to sell prescribed supplemental foods under the Georgia WIC Program, in accordance with federal and state laws and regulations.

II. VENDOR ELIGIBILITY AND LOCATION

- A. An eligible vendor is a business entity that is 1) licensed by the Georgia Department of Agriculture and, 2) without a debarment or suspension from United States Department of Agriculture. Military commissaries and pharmacies do not have to be licensed by the Georgia Department of Agriculture.
- B. An eligible vendor is a business entity that is 1) registered and licensed by the United States Department of Agriculture Food & Nutrition Service as a retail participant in the Supplemental Nutrition Assistance Program or SNAP (formally the Food Stamp Program) and 2) is in good standing without debarment or suspension from the United States Department of Agriculture or the SNAP program. Military commissaries and pharmacies do not have to be SNAP participants.
- C. An eligible vendor must have a fixed location with an official physical address.
- D. An eligible vendor must meet all requirements as described in the most recent version of the Georgia WIC Program Vendor Handbook and all addendums.
- E. The vendor must comply with the selection criteria, including any changes to those criteria, throughout the agreement period. The Georgia WIC Program may reassess any authorized vendor at any time during the vendor agreement period using the current vendor selection criteria, and will terminate the agreement if the vendor fails to meet those criteria.
- F. A vendor authorized as a military commissary or pharmacy will be given certain exceptions to this agreement. The exceptions are outlined in this Agreement and the Georgia WIC Program Vendor Handbook.

III. RESPONSIBILITIES – VENDOR

The Vendor agrees to comply with the provisions of this agreement and all federal and state laws, policies, procedures, rules and regulations, including those contained in the most recent publication of the Vendor Handbook and State Plan, and any subsequent revisions to the policies, procedures, laws, rules and regulations issued by the federal government and the Georgia WIC Program during the agreement period. This Agreement will be interpreted according to the laws of the state of Georgia.

A. THE VENDOR AGREES AND COVENANTS:

- 1. To be fully accountable for the actions of its paid or unpaid owners, officers, managers, agents and employees, including any vendor violations committed by such persons.

2. To abide by the rules, policies and procedures as outlined in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums, and all federal and state laws and regulations.
3. To not solicit the WIC customer on the premises of WIC clinics.
4. To only purchase infant formula, that will be redeemed for WIC vouchers, from the Approved Infant Formula Supplier list. Records of the infant formula purchase must be maintained according to Section III.J.4 of this Agreement.
5. To submit total food sales and gross sales revenue records, and any other records or information needed to validate total food sales and gross sales, as requested by the Georgia WIC Program, and to complete and submit, upon request, any authorization documents pertaining thereto.
6. To not use the WIC acronym, the WIC logo or close facsimiles thereof, in total or in part, either in the official name in which the vendor is registered or under the name in which it does business; or in any unauthorized manner on packages, product labels, proprietary materials including pamphlets and brochures, or in any form of marketing, promotional material or advertisement of the store.
7. To carry a substantial amount of non-WIC food inventory at all times. The vendor must carry the minimum amount of items in each category as specified in the Vendor Handbook.
8. To comply with the vendor selection criteria throughout the agreement period, including any changes to the criteria.
9. To not offer, advertise, promise or indicate an intention to provide incentives to WIC participants. Vendors who use advertisements or incentives to solicit the business of WIC participants, or offer incentives or delivery services will be subject to sanctions as explained in this Vendor Agreement and the Vendor Handbook. Incentives include but are not limited to free or complimentary gifts, home delivery of foods, store memberships, and free or discounted services.
10. To prominently display in plain sight the poster provided by the Georgia WIC Program indicating that the store welcomes or accepts WIC.
11. To submit all records, or information requested by Georgia WIC within the timeframe for compliance with the request, and to sign any authorization documents requesting the release of information or documents directly to the Georgia WIC Program.

B. VENDOR TRAINING

Prior to accepting WIC vouchers, the vendor or his authorized representative must receive interactive authorized training. The vendor must also participate in annual training on changes and updates on the Georgia WIC Program policies and procedures. The Georgia WIC Program will provide the date, time and location of the training, and will provide vendors with at least one alternative date on which to attend interactive training. The vendor may submit a written request for the Georgia WIC Program to provide subsequent customized training to store personnel at any time after both parties have signed the agreement.

The vendor agrees and covenants:

1. To participate in all required training, including annual training.
2. To provide training on the requirements of the WIC program to paid and unpaid employees, agents and all personnel involved in WIC transactions.
3. To not participate in the Georgia WIC Program until Authorized Training has been completed and a vendor stamp has been issued.
4. To not participate in the Georgia WIC Program until the vendor has received a passing score of eighty points or higher on the Post Vendor Training Evaluation.

C. NO SUBSTITUTIONS, CASH, REFUNDS, OR EXCHANGES

The vendor agrees and covenants:

1. To only charge for authorized supplemental foods selected by the WIC customer as listed on the food instrument or cash value/fruit and vegetable voucher, and not charge for WIC approved items that are not received by the WIC customer.
2. To not provide unauthorized food items, non-food items, cash or credit (including rain checks) in exchange for food instruments or cash value/fruit and vegetable vouchers.
3. To not provide refunds or permit exchanges for authorized supplemental foods obtained with food instruments or cash-value vouchers, except for exchanges of the same brand and size when the original authorized supplemental food item is defective, spoiled, recalled or has exceeded its "sell by" or "best if used by" or other date limiting the sale or use of the food item.
4. To provide only the authorized infant formula which the vendor has obtained pursuant to paragraph (4) of Section III.A of this agreement, to participants in exchange for food instruments for infant formula.

D. FOOD INSTRUMENT TRANSACTIONS

The vendor agrees and covenants:

1. To accept food instruments and cash-value vouchers only from WIC participants, parents or caretakers of infants and child participants, or proxies (the "WIC customer").
2. To ensure that WIC food instrument transactions are processed in accordance with the procedures set forth in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. To not demand that a WIC customer purchase every eligible WIC food item listed on the voucher.
4. To allow WIC customers the right to purchase the eligible foods of their choice as listed on the WIC food instrument, cash value voucher and the approved food list.
5. To ensure that the purchase price is entered on food instruments and cash-value vouchers in accordance with the procedures governing the processing of WIC food instruments in the most recent publication of the Vendor Handbook. The purchase price must include only the authorized supplemental food items actually provided and must be

- entered on the food instrument or cash-value voucher in plain sight of the WIC customer during the WIC transaction.
6. To ensure that the WIC customer signs the food instrument or cash-value voucher in the presence of the cashier.
 7. To only allow the purchase of supplemental foods listed on the food instrument and cash value/fruit and vegetable voucher.
 8. To offer the WIC customer the same courtesies offered to all other customers.
 9. To ensure that all information including the identity of the WIC customer is kept confidential, in accordance with federal and state law and regulation.
 10. To ensure that the Georgia WIC Program is not being charged for foods not received by the participant.
 11. To not charge the WIC customer for authorized supplemental foods obtained with food instruments or cash-value vouchers.
 12. To not contact or seek restitution from the WIC customer for WIC food vouchers not paid or partially paid by the Georgia WIC Program.
 13. To not request cash from the WIC customer for any WIC transaction except for transactions involving the cash value/fruit and vegetable vouchers, for which the total amount of the transaction exceeds the amount on the voucher.
 14. To not provide the WIC customer with unauthorized food or non-credit food items, rain checks/IOUs, credit slips, due bills or other similar receipts for WIC foods not obtained at the time of the purchase.
 15. To allow the WIC customer to participate in in-store and/or manufacturer promotions that include WIC approved food items. This includes 'buy one, get one or more free' promotions.
 16. To not collect sales tax on authorized WIC food purchases, except on the purchase amount that is in excess of the amount on a cash value/fruit and vegetable voucher, if applicable.
 17. To not charge the WIC customer or the Georgia WIC Program for bank fees or other fees related to food instrument redemption.
 18. To allow the WIC customer to use their own funds in excess of the monetary limits for their cash value/fruit and vegetable voucher.
 19. To not issue cash change to a WIC customer for purchases less than the total value of the cash value/fruit and vegetable voucher.
 20. To only use the cash value/fruit and vegetable voucher for fruit and vegetable purchases.
 21. To enroll in the Automatic Clearing House upon authorization for the payment of WIC vouchers that exceeds the maximum allowable price.
 22. To provide a single account number to which all WIC vouchers will be deposited.

E. PRICING

The vendor agrees and covenants:

1. To clearly mark the price of WIC foods on the item, container, shelf or sign near the WIC food item.
2. To provide each WIC food item at or below the current shelf price.

3. To not accept WIC food instruments or cash value/fruit and vegetable vouchers before the "First Date to Use" or after the "Last Date to Use" as printed on the food instrument.
4. To submit vouchers to the bank for payment within sixty days from the "First Date to Use" as indicated on each food instrument.
5. To submit food instruments and cash-value vouchers for redemption in accordance with the redemption and voucher payment procedures outlined in the most recent version of the Vendor Handbook.
6. To accept an adjustment in the amount written in the "pay exactly" box of the WIC food instrument submitted for redemption if the amount exceeds the statewide and/ or peer group Maximum Allowable Prices or Maximum Allowable Reimbursement Level.
7. To remain price-competitive throughout the agreement period. If the vendor is identified as non-competitive for three additional assessments for a total of four (4) failed assessments within a twelve-month period or less, the vendor agreement will be terminated.

F. OVERCHARGING

The vendor agrees and covenants:

To not overcharge the WIC customer or the Georgia WIC Program by charging more than the vendor's current shelf price for a WIC approved food item(s), or by charging a WIC participant more for food than a non WIC customer.

G. VENDOR COST CONTAINMENT

The Georgia WIC Program is responsible for ensuring that vendors charge competitive prices for supplemental foods. Accordingly, the Georgia WIC Program will assess all authorized vendors annually and at reauthorization, except pharmacies and military commissaries, to determine if they derive more than fifty (50) percent of their food revenue from WIC transactions. Newly authorized vendors will be assessed within six (6) months of authorization to determine if they derive more than fifty (50) percent of their food revenue from WIC transactions.

If an authorized vendor is determined to derive more than fifty (50) percent of its food revenue from WIC transactions at an annual assessment, that vendor will be terminated from the Georgia WIC Program, unless termination will result in inadequate participant access, in which case, a vendor will be reassigned to Peer Group G. The Georgia WIC Program's decision to terminate an authorized vendor based upon an Above-Fifty Percent designation may be appealed.

If upon reassessment the Georgia WIC Program reassigns a vendor to a peer group offering a lower level of reimbursement in error, and on appeal the vendor is restored to their original peer group, damages to the vendor will be limited to the difference between the reimbursement that should have been received and the reimbursement actually received.

H. NON-DISCRIMINATION

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

USDA is an equal opportunity provider and employer.

I. CHANGE OF OWNERSHIP OR LOCATION, OR CHANGE/CESSATION OF OPERATIONS

The vendor agrees and covenants:

1. To submit to the Georgia WIC Program proof of ownership, identity and any other requested documents, (e.g. articles of incorporation, bill of sale, partnership declaration, evidence of sole proprietorship, social security card, driver's license, etc.).
2. To notify the Georgia WIC Program in writing at least twenty-one days in advance of any change in location or other information, including but not limited to the name of the store and telephone number, change in ownership or change/cessation of business operations.

J. PERFORMANCE COMPLIANCE AND CONFLICT OF INTEREST

The vendor agrees and covenants:

1. To be monitored for compliance with Georgia WIC Program requirements.
2. To permit unannounced visits by federal or state agency representatives to review adherence to federal and state laws and the Georgia WIC Program policies and procedures.
3. To provide access to Georgia WIC food instruments and cash value/fruit and vegetable vouchers on hand, inventory records (invoices) and any other business records during a monitoring visit or inventory audit by any authorized federal or state agency representative.
4. To maintain records used for federal tax reporting purposes, inventory records including purchase and sales invoices and receipts, and all other records related to Georgia WIC transactions and participation in the Georgia WIC Program for the three previous years and the current year, or until pending investigations are completed, if longer.
5. To disclose any potential or actual conflict of interest between the vendor and the Georgia WIC Program or its employees.
6. To not engage in any activity with the Georgia WIC customer that would create a conflict of interest, as determined by the Georgia WIC Program. This includes, but is not limited to, acting as a proxy for the Georgia WIC customer.
7. To not attempt to circumvent a sanction(s) by selling, assigning or otherwise transferring ownership to any person including the vendor's partners, members, owners, officers, directors, employees, relatives by blood or marriage, heirs or assigns.

K. VENDOR CLAIMS AND PAYMENTS

The vendor agrees and covenants:

1. To pay any claim assessed by the Georgia WIC Program, in accordance with Section VIII of this Agreement, if the Georgia WIC Program determines that vendor has committed a violation affecting payment to the vendor.
2. To pay claims and penalties levied for audit citations and for sanctions levied pursuant to this agreement and the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
3. That denial of payment by the state agency or payment of a claim by the vendor for a vendor violation(s) shall not absolve a vendor of the violation(s) committed; and that sanctions may be assessed against a vendor for program violations according to the version of the Vendor Handbook and all amendments in effect at the time the violation occurs.

L. STATE PROPERTY

The vendor agrees and covenants:

1. To return the vendor stamp(s) to the Georgia WIC Program upon termination, change of ownership or disqualification.
2. To immediately report lost, stolen or damaged vendor stamps to the Georgia WIC Program .
3. To not reproduce the vendor stamp.

IV. RESPONSIBILITIES – GEORGIA WIC PROGRAM

The Georgia WIC Program agrees to adhere to federal and state laws, policies, procedures, rules and regulations, including the most recent publication of the Vendor Handbook and all addendums.

Any subsequent revisions to the policies, procedures, laws, rules and regulations that relate to the Georgia WIC Program issued by the federal government are hereby made a part of this agreement.

Georgia WIC Program further agrees:

- A. To provide the vendor with the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- B. To ensure that Georgia WIC customers are informed of the proper food instrument redemption procedures and the correct use of Georgia WIC food instruments.
- C. To notify the vendor of new program requirements set forth by the U.S. Department of Agriculture regulations and the Georgia WIC Program.
- D. To provide training for the vendor on policies and procedures of the Georgia WIC Program, at a time, place and in a manner prescribed by the Georgia WIC Program.
- E. To monitor and audit vendors for possible violations of the Georgia WIC Program rules, regulations, policies or procedures.
- F. To enforce rules, regulations, policies and procedures of the Georgia WIC Program through a system of claims, penalties, and/or sanctions as described in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- G. To provide appropriate written notice of intent or reason(s) to terminate this agreement.
- H. To notify the vendor of the right to appeal those adverse actions that are appealable.
- I. To provide payment for food instruments validly redeemed and submitted to the Georgia WIC Program as prescribed in the most recent publication of the Georgia WIC Program Vendor Handbook and all addendums.
- J. To deny payment for food instruments that are fraudulent or improperly completed, redeemed or submitted.
- K. To delay payment or establish a claim when it determines the vendor has committed a vendor violation that affects payment to the vendor.
- L. To provide a vendor the opportunity to justify or correct a claim assessed against it, and to collect such a claim in accordance with Section VIII of this Agreement.
- M. To notify vendor of stolen vouchers. Stolen vouchers may not be redeemed.

- N. To maintain an up-to-date listing of Approved Infant Formula wholesalers, manufacturers and distributors that authorized vendors must use to purchase infant formula.

V. TERMINATION OF THE VENDOR AGREEMENT

Summary Termination. The Georgia WIC Program will terminate this agreement if it determines that the vendor provided false information or made a material omission in connection with its application for authorization or re-authorization.

Termination Upon Notice. The Georgia WIC Program may terminate the vendor agreement for cause after providing at least 15 days advance written notice. Reasons for termination may include, but are not limited to, the following:

1. Voluntary withdrawal from the WIC program.
2. The decision to sell the store.
3. Expiration of the agreement without a new application being submitted.
4. Civil Money Penalty imposed by SNAP in lieu of disqualification.
5. Use of the WIC acronym, WIC logo, or close facsimiles thereof, in total or in part, in a manner that violates the provisions of this agreement and the vendor handbook.
6. Accepting food instruments through the mail or mailing any approved formula/medical foods directly to the WIC customer.
7. Failure to complete and submit documentation for annual training by the deadline specified by the Georgia WIC Program.
8. Failure to provide the Georgia WIC Program with written notice of a change in the vendor's business within at least twenty-one days in advance of the change (including but is not limited to a change in ownership, name, location, corporate structure, sale or transfer of the business, or cessation of operation.)
9. Two failed attempts by the Georgia WIC Program to contact the vendor during business hours at the vendor's reported address and telephone number.
10. Determination that the vendor's SNAP license is invalid or not current.
11. Providing false information or vendor records, other than information or records provided in connection with a vendor application for authorization or re-authorization.
12. Failure to provide food instruments, inventory records, food sales or tax information upon request.
13. Failure to allow monitoring by WIC representatives, or harassing or threatening any WIC representative.
14. Forging a participant's signature on a WIC food instrument.
15. Reproducing the WIC vendor stamp.
16. Identification by the Georgia WIC Program of a conflict of interest as defined by applicable state laws, regulations, and policies, between the vendor and the Georgia WIC Program or its local agencies.
17. Failure to enroll in ACH within the time specified.
18. Four failed assessments for non-competitive prices within a 12-month period or less.

19. Providing prohibited incentive items as part of a WIC transaction, in a manner that violates the provisions of this agreement and the vendor handbook.
20. Failure to meet the selection criteria in effect at the time of assessment at any time throughout the agreement period.
21. Less than \$2,000.00 in annual WIC redemptions or failure to redeem any WIC food instruments in sixty (60) days.
22. Violation of any federal or state law or regulation, or terms of the WIC Vendor Agreement or Vendor Handbook not otherwise covered by the sanction system.

After being terminated from the Georgia WIC Program, the vendor will not be automatically reinstated as an authorized Georgia WIC vendor. The vendor may re-apply no sooner than one (1) year after being terminated from the Georgia WIC Program. To re-apply, the vendor must complete the application process in its entirety.

If a termination is overturned on appeal, the Georgia WIC Program shall not be liable for consequential damages, including but not limited to lost profits and attorney's fees.

VI. SANCTIONS

Any authorized Georgia WIC vendor found to be in violation of federal regulations or the Georgia WIC Program policy will be assessed a sanction consistent with the severity and nature of the violation, in accordance with the Georgia WIC Program sanction schedule. Vendor violations means any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or paid or unpaid employees (with or without the knowledge of management) that violates the WIC Vendor Agreement or Federal or State statutes, regulations, policies or procedures governing the Program.

There are seven categories of sanctions, three categories of State agency sanctions and four categories of federal mandatory sanctions. State agency sanctions are established by Georgia WIC program representatives and have been approved by the United States Department of Agriculture (USDA) prior to implementation. State agency sanctions include disqualification, and civil money penalties assessed in lieu of disqualification in the event of inadequate participant access. Federal mandatory sanctions are established by the USDA. Both State agency and Federal mandatory sanctions must be enforced when violations occur.

The vendor is required to abide by the provisions of the current Georgia WIC Program Vendor Handbook, as amended, including the sanction schedule outlined therein. The vendor will be sanctioned for program violations according to the version of the handbook and all amendments in effect at the time the violation occurs.

The Georgia WIC Program will notify the vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, before another such incidence is documented, unless the Georgia WIC Program determines, in its sole discretion,

on a case by case basis, that notifying the vendor would compromise the investigation.

If there is credible evidence that the vendor has committed fraud or abuse in excess of \$1000.00 or other major criminal activity has occurred, the Georgia WIC Program will immediately advise the USDA Food and Nutrition Service Regional Office, which will refer the case to the appropriate USDA Office of the Inspector General Regional Office.

Disqualification from the WIC program may result in disqualification as a retailer in SNAP. Such disqualification may not be subject to administrative or judicial review under SNAP.

VII. SANCTIONS/VIOLATIONS FROM PREVIOUS AGREEMENT PERIODS

- A. **Sanctions.** Any sanctions that are in the vendor's record at the time of re-authorization will remain on the vendor's record for the period of time specified when the sanction was issued. Prior year's sanctions may result in a denial of the authorization of the application and/or additional sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.
- B. **Violations.** Pending and/or potential violations, that exist at the time of re-authorization will accrue and may result in sanctions up to and including disqualification, in accordance with the most recent Georgia WIC Program Vendor Handbook and all addendums.

VIII. CLAIMS ASSESSED AND COLLECTED AGAINST VENDORS

- A. When it is determined that a vendor has committed a vendor violation that affects payment to the vendor by Georgia WIC, or Georgia WIC identifies errors in a vendor's completed food instrument(s) submitted for payment, Georgia WIC will delay payment or establish a claim against a vendor.
- B. A vendor will be afforded an opportunity to justify or correct a vendor overcharge or other error. Should Georgia WIC not approve the justification or correction, a vendor will be responsible for repayment of the claim assessed. Such claims are not subject to administrative review.
- C. Claims for repayment may be collected as follows:
 - 1. Offsetting the claim against current and subsequent amounts to be paid to a vendor;
 - 2. Submitting a written request for payment to a vendor specifying repayment within thirty (30) days of the date of the request in the event the claim cannot be fully repaid via offset; and,
 - 3. Pursuing claims collection efforts through the State Attorney General's Office if not paid within thirty (30) days of written request for repayment.

IX. CRIMINAL PENALTIES

The vendor will be subject to criminal prosecution under applicable federal, state or local law for fraud or abuse in the program. Those who have willfully misapplied, stolen or fraudulently obtained program funds will be subject to a fine of not more than twenty-five thousand dollars (\$25,000.00) or imprisonment for not more than five (5) years, or both, if the value of the funds is one hundred dollars (\$100.00) or more. If the value is less than one hundred dollars (\$100.00), the penalties are fines of not more than one thousand dollars (\$1,000.00) or imprisonment for not more than one (1) year, or both. The Georgia WIC Program will refer all criminal activity including theft, fraud and embezzlement to local law enforcement.

X. ADVERSE ACTIONS AND REVIEW PROCEDURES

Information on adverse actions the vendor may appeal, adverse actions that are not subject to administrative review, as well as Georgia WIC's administrative review procedures are found in the Section 511-8-1-.06 of the Rules and Regulations of the State of Georgia and the most recent publication of the Vendor Handbook. The vendor agrees to abide by said provisions if requesting review of an adverse action.

XI. SEVERABILITY

If any one provision of this agreement or form attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

XII. RENEWABILITY

This agreement is not renewable. If the vendor wishes to continue to be authorized beyond the current agreement period, the vendor must re-apply for authorization.

XIII. NON – TRANSFERABILITY

This agreement is not transferable.

XIV. MISCELLANEOUS

The vendor certifies, through the signature of the owner, or an authorized representative below, that he or she understands and accepts all terms of this agreement. The individual signing this agreement certifies that they are authorized to sign the agreement on behalf of the vendor.

This agreement becomes valid only upon the signature of an authorized representative of the Georgia WIC Program and upon receipt, by the vendor, of an executed copy along with vendor stamps for each authorized location.

This agreement does not constitute a license or property interest. If the vendor wishes to continue to be authorized beyond the period of this agreement, the vendor must apply for re-authorization. If the vendor is disqualified, the Georgia WIC Program will terminate this agreement, and the vendor will have to re-apply to be authorized after the disqualification period is over. The vendor's new application will be subject to the vendor selection criteria and any vendor limiting criteria in effect at the time of re-application.

The Georgia WIC Program Vendor Handbook is part of this agreement, and is incorporated by reference.

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[SIGNATURES ON THE FOLLOWING PAGE]

VENDOR SIGNATURE

Signature of Authorized Representative (no initials)	First	Middle	Last	Date
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Authorized Representative (Type or Print) (no initials)	First	Middle	Last	Date
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Title (Type or Print)

DO NOT WRITE BELOW THIS LINE

GEORGIA WIC PROGRAM USE ONLY

GEORGIA WIC PROGRAM SIGNATURE

Signature	Date
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Debra L. Keyes
Authorized Representative (Type or Print)

WIC Director
Title (Type or Print)

GEORGIA WIC PROGRAM
CORPORATE ATTACHMENT FORM

A.	Is this store expected to derive more than 50% of its annual food sales from the sale of WIC approved foods?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B.	Is this application submitted as a result of a change in the store's location?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C.	Does this store location sell special infant formula, including medical foods only?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PART I - STORE IDENTIFICATION					
1.	Full Legal Name of Corporation:				
	Full Legal Name of Store:				
	Registered Agent's Full Name <i>(if applicable)</i> :				
	Store Contact:		Title:		
CONTACT INFORMATION					
2.	Business Telephone Number: () -		Fax Number: () -		VN#
	E-mail Address <i>(Required)</i> :				
PHYSICAL LOCATION					
Street Address/Rural Route:					
City:		State:	County:		Zip +4
MAILING ADDRESS <i>(If different from above, a P.O. Box must be accompanied by a street address)</i>					
Street Address					
City		State	Zip + 4		
P.O. Box					
City		State	Zip + 4		
3.	Square Footage of Store Retail Space Open to the Public <i>(excluding administrative and storage area)</i> _____				
PART II - LICENSING					
4.	Federal Employer Identification (FEIN) Number:				# _____
5.	SNAP Authorization Number. Enter the FNS Number found on your SNAP permit and attach a copy of the permit to this application.				_____
6.	Secretary of State Control Number:				_____
7.	Food Sales Establishment License Number. Enter the license number found and attach a copy of the license to this application.				# _____ Exp. Date. _____

Rev. 6/15/2015

8.	Business License Number. Enter the license number, expiration date of the license and attach a copy of the business license to this application.	# _____ Exp. Date. _____			
9.	a. Will this store be dependent upon receiving WIC authorization for the store to remain sustainable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b. How was the store acquired? <input type="checkbox"/> Sale <input type="checkbox"/> Lease <i>(provide a copy of bill of sale or executed lease if applicable)</i> From whom was the store acquired? _____ Date store will open(ed)? _____	What date was the store acquired? _____/_____/_____ Month Day Year _____/_____/_____ Month Day Year			
	c. What date will the store have the required minimum inventory of Approved WIC food and Non-WIC foods in stock?	_____/_____/_____ Month Day Year			
	d. Has this store ever been disqualified or assessed a Civil Money Penalty for violations of the Georgia WIC Program? If yes, attach an explanation identifying the store, specific penalty imposed, and the effective date of the penalty. Attach additional documentation, if necessary.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	e. Has this store ever been denied SNAP authorization or withdrawn, disqualified, or assessed a Civil Money Penalty for SNAP violations? If yes, attach an explanation identifying the nature of the violation(s), date of denial/penalty imposed, and the effective date of the penalty.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	f. Prior WIC Applications. Including this store, have any of the current owner(s), officer(s), or manager(s) previously applied for vendor authorization to the Georgia WIC Program? <i>(If yes, attach an explanation identifying the individual, the store name and location, the date the application was submitted, and whether the application was denied or approved.)</i> Name: _____ Address: _____ _____ Dates of Operation: _____ Name: _____ Address: _____ _____ Dates of Operation: _____ Name: _____ Address: _____ _____ Dates of Operation: _____ Name: _____ Address: _____ _____ Dates of Operation: _____ Name: _____ Address: _____ _____ Dates of Operation: _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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PART III - OPERATIONS, SALES AND BANKING INFORMATION						
Business Hours						
10.	<input type="checkbox"/> Check (✓) here if opened 24 hours each day			Wednesday	a.m.	p.m./a.m.
	Sunday	a.m.	p.m./a.m.	Thursday	a.m.	p.m./a.m.
	Monday	a.m.	p.m./a.m.	Friday	a.m.	p.m./a.m.
	Tuesday	a.m.	p.m./a.m.	Saturday	a.m.	p.m./a.m.

11. Processes for Food Sales Transactions:

- a. Number of Cash Registers
- b. Number of Scanners
- c. Can Scanners detect WIC eligible foods? Yes No
- d. Does your store have a Point of Sale device? Yes No
- e. Please check all forms of payment your store will be accepting.

Cash	EBT	Debit	Credit	Checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. **Bank Information.** Enter information pertaining to where you will deposit all WIC food instruments and cash value vouchers. Enter the specific bank information for each store for which WIC authorization is sought.

- a. Bank Name _____
 Street Number & Name _____
 City, State, and Zip+4 _____
 Telephone Number (including Area Code) _____
- b. Business Routing and Account Number
 - 1. Routing Number _____
 - 2. Account Number _____

PART IV – VENDOR COST CONTAINMENT

Applicant vendors MUST submit with this application a signed and notarized Georgia Department of Revenue Form (GDOR) RD1062 and the prior tax year's sales and use information submitted to GDOR.

- 13. a. What were the store's sales of "SNAP Eligible" foods for the prior tax year? \$ _____
- b. Were prior tax year "SNAP" sales less than \$2,100? Yes No

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c. What was the actual percent of annual **food** sales derived from the following types of payments for the prior tax year? ***(Total must equal 100%)***

Cash/Personal Checks	_____	%
Debit/Credit Cards	_____	%
SNAP	_____	%
WIC Food Instruments	_____	%
Total	=	100%

d. **Annual Gross Sales.** Check the box and provide the annual gross sales earned by the store for the prior tax year.

Actual Gross Sales \$ _____ For the prior tax year _____

14. Annual Exempt Sales

a. Does the store sell Gasoline? ***(If yes, provide actual sales of Gasoline*** Yes No

b. ***from the prior tax year*** \$ _____

c. Does the store sell Georgia lottery tickets? ***(If yes, provide actual*** Yes No

d. ***sales Of Georgia lottery tickets from the prior tax year*** \$ _____

e. Does the store sell vitamins and/or dietary supplements? ***(If yes,*** Yes No

f. ***provide actual sales of vitamins/dietary supplements from the prior tax year*** \$ _____

g. In addition to WIC/SNAP items, does the store sell any exempt non-SNAP/non-Food (non-taxable) items? ***(If yes, list the items – attach additional documentation as needed)*** Yes No

(For list of non-taxable items visit https://etax.dor.ga.gov/salestax/TLP_2011_List_of_Sales_and_Use_Tax_Exemptions.pdf)

h. Total sales of Non-Foods or non-SNAP eligible foods from the prior tax year that are exempt. \$ _____

i. Total number of Exempt Sales ***(From the prior tax year)***

j. Are "WIC" sales from the prior tax year less than \$2,000? Yes No N/A

PART V – INVENTORY AND PRICE LIST		
15.	a. Was all infant formula that will be used to redeem WIC food instruments, purchased from suppliers listed on the Approved Infant Formula Supplier list? (visit http://dph.georgia.gov/vendor-information and select Approved Infant Formula Suppliers)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Note: Records of all infant formula purchases must be maintained according to the terms of the WIC Vendor Agreement.</i>		
b. If yes, indicate the name of the supplier, address, city, State and zip. (<i>Attach additional documentation as needed.</i>)		
Supplier		
Address		
City	State	Zip
Supplier		
Address		
City	State	Zip

16. **STAPLE FOODS CATEGORIES CARRIED IN STOCK:** All vendors, except pharmacies, must carry food items other than WIC Approved Foods. These items are considered Non-WIC Inventory. Non-WIC Inventory includes dried, frozen, canned/jar, boxed, fresh, refrigerated, etc. Staple foods **do not** include prepared foods or accessory foods, such as candy, condiments, spices, tea, coffee, or carbonated and un-carbonated drinks. What percentage of each item does this store carry from the following food groups? **The total percentage must equal one-hundred percent (100%).**

%	A. Meats, Poultry and/or Seafood (refrigerated)
%	B. Breads and Cereal Products
%	C. Shelf Staples (e.g., flour, sugar, pasta, pudding mix, etc.)
%	D. Cans, Jars, Bottled Goods (i.e. mayo, ketchup, relish, etc)
%	E. Beverages
%	F. Snack Foods (crackers, granola bars, etc.)
100 %	

17. **MINIMUM INVENTORY OF WIC-ELIGIBLE FOOD ITEMS.** Please enter the required information below for each food item the store will have in its inventory. For the most current list of food brands that are WIC-Approved, visit the Georgia WIC Program website, at <http://dph.georgia.gov> and select the link, "WIC Approved Foods (effective January 15, 2014)". Applicant vendors **must** submit copies of all purchase orders, invoices, receipt, or bills of lading that depict the purchase of all items intended for sale in the applicant's store locations. This includes WIC food items, non-WIC food items, household products, miscellaneous items, etc.

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MINIMUM WIC-ELIGIBLE INVENTORY					
Food Item	Brand or Type	Size	Highest Price or Least Expensive where indicated	On Site Price	
				Office Use Only	
Juice 100%		48 oz	\$		
Vitamin C fortified Calcium fortified allowed		64 oz			
Cereal		11-36 oz (Indicate size)			
Beans/Peas/Lentils		1 Pound Packages			
Beans/Peas/Lentils		15-16 oz Cans (indicate size)			
Peanut Butter		16-18 oz Jars (indicate size)			
Dry Infant Cereal		8 oz Containers			
Gerber Good Start Gentle		12.1 oz Concentrate			
Gerber Good Start Gentle		12.7 oz Powder			
Gerber Good Start Soy		12.9 oz Powder			
Whole Milk		Gallon (Least Expensive)			
Fat Free/Skim Milk, Low Fat (1%), Reduced Fat (2%)		Gallon (Least Expensive)			
Nonfat Dry Milk		Makes 3 quarts			
Cheese		16 oz (1 Pound) (Least Expensive)			
Eggs (Grade A Large)		1 Dozen Carton (Least Expensive)			
Fresh Fruit and Vegetables		Fresh: 20 types combined fruits and vegetables			
Whole Grain Bread		16 oz Loaf			
Fish: Tuna (Water packed) Pink Salmon		5 oz Can 6 oz Can or 14.75 oz Can (Indicate size) Least Expensive			
Infant Fruits and Vegetables		4 oz Jar or 2x3.5 oz			
Infant Meats		2.5 oz Containers			

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PART VI – STATEMENTS AND CERTIFICATION

PRIVACY ACT STATEMENT – The solicitation of the information requested in this application is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR § 246.12), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). The provision of this information is voluntary and will be used to determine eligibility of a store to participate in the Georgia WIC Program as an authorized vendor; to routinely monitor authorized vendors for compliance with Georgia WIC Program's policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program management. Failure to provide this information may result in the denial of authorization for new vendor applicants or termination of authorized vendors from the WIC Program.

WARNING STATEMENT – Information in this application will be verified with other agencies. Vendor authorization may be denied or terminated if it is determined that the vendor applicant provided false statements, made false representations, or used any false writing or documentation in connection with this application. Authorization may be denied or terminated if the vendor applicant violates any laws or regulations issued by Federal, State, or local programs, including Supplemental Nutrition Assistance Program (SNAP, formerly known as the Food Stamps Program).

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

1. I have the authority to apply for Georgia WIC Program vendor authorization on behalf of the applying store.
2. I have the authority to enter into a WIC Vendor Agreement between the applying store and the Georgia Department of Public Health's Georgia WIC Program.
3. I will timely notify the Georgia WIC Program of any changes made to the operation, management, and ownership of the applying store upon authorization as required by the Georgia WIC Program.
4. I affirm that all statements made in this application are true.
5. I read and understand the penalties in the warning statement above. I understand that false or incomplete information provided to the Georgia WIC Program or violation of the terms of the WIC Vendor Agreement shall result in termination of that agreement.
6. I understand that the ownership and management of this store will be responsible for understanding the requirements, policies, and procedures appearing in the WIC Vendor Handbook, which is considered part of the WIC Vendor Agreement.
7. I authorize Georgia WIC Program to investigate my background and that of every owner, partner, or corporate officer with a financial interest in the applying store for purposes of evaluating my vendor application. I understand that I may withhold my permission and that in such cases, no background checks will be done and my vendor application will not be processed further.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (**No initials**) _____ DATE _____

PRINT NAME (**No initials**) _____

TITLE _____

TELEPHONE NUMBER _____

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish)."

Return application to: DO NOT FAX DO NOT HAND DELIVER	Georgia WIC Program The Office of Vendor Management 2 Peachtree Street, NW 10 th Floor Atlanta, Georgia 30303-3142 Toll free 1-866-814-5468
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**GEORGIA WIC PROGRAM
AUTHORIZATION TRAINING
CORPORATE & NON-CORPORATE VENDOR TRAINING CHECKLIST**

**CORPORATE NAME
(if applicable) and
STORE NAME &
NUMBER** _____

**VENDOR
NUMBER** _____
(if applicable)

_____ I have received and reviewed the latest edition of the Georgia WIC Program Vendor Handbook, effective _____

I have been trained on and I understand:

- _____ 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
- _____ 2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
- _____ 3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period.
- _____ 4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
- _____ 5. The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis.
- _____ 6. The types of valid WIC food instruments, the procedures for transacting Georgia WIC food instruments and the types of Infant Formula vouchers that may be transacted by vendors in different Peer Groups.
- _____ 7. The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
- _____ 8. The procedures for transacting and redeeming Georgia WIC food instruments/Cash Value Fruit and Vegetable Vouchers (CVV), the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
- _____ 9. Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
- _____ 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
- _____ 11. The Georgia WIC Program's vendor complaint process.
- _____ 12. The Georgia WIC Program's vendor claims procedures.
- _____ 13. Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
- _____ 14. The Georgia WIC Program's policies and procedures regarding use of incentive items.
- _____ 15. The right to challenge the Agency's determination of a vendor's Probable Above Fifty Percent status and the responsibility to provide all documentation and information requested by Georgia WIC in connection with a full Food Sales Assessment.
- _____ 16. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

**GEORGIA WIC PROGRAM
ANNUAL TRAINING
CORPORATE & NON-CORPORATE VENDOR TRAINING CHECKLIST**

**CORPORATE NAME
(if applicable) and
STORE NAME &
NUMBER** _____

**VENDOR
NUMBER**
(if applicable) _____

_____ I have read the FFY 2016 Georgia WIC Program Annual Training Update.

_____ I have read a copy of the FFY 2016 edition of the Georgia WIC Program Vendor Handbook, found on: <http://dph.georgia.gov/vendor-information>

I have been trained on and understand (please initial each line below):

- _____ 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
- _____ 2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
- _____ 3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period.
- _____ 4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
- _____ 5. The WIC-approved food items and the requirement to stock and maintain the minimum inventory of approved WIC food items and non-WIC food items on a daily basis.
- _____ 6. The types of valid WIC food instruments, the procedures for transacting Georgia WIC food instruments and the types of Infant Formula vouchers that may be transacted by vendors in different Peer Groups.
- _____ 7. The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
- _____ 8. The procedures for transacting and redeeming Georgia WIC food instruments/Cash Value Fruit and Vegetable Vouchers (CVV), the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
- _____ 9. Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
- _____ 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
- _____ 11. The Georgia WIC Program's vendor complaint process.
- _____ 12. The Georgia WIC Program's vendor claims procedures.
- _____ 13. Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties. Disqualifications from the Georgia WIC Program may result in disqualification from SNAP.
- _____ 14. The Georgia WIC Program's policies and procedures regarding use of incentive items.
- _____ 15. The right to challenge the Agency's determination of a vendor's Probable Above Fifty Percent status and the responsibility to provide all documentation and information requested by Georgia WIC in connection with a full Food Sales Assessment.
- _____ 16. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

**GEORGIA WIC PROGRAM
AUTHORIZATION TRAINING
CORPORATE & NON-CORPORATE PHARMACY VENDOR TRAINING CHECKLIST**

**CORPORATE NAME
(if applicable) and
STORE NAME &
NUMBER**

**VENDOR
NUMBER
(if applicable)**

_____ I have received and reviewed the latest edition of the Georgia WIC Program Vendor Handbook, effective _____

I have been trained on and I understand:

- _____ 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
- _____ 2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
- _____ 3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period.
- _____ 4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
- _____ 5. Pharmacy vendors can only redeem exempt and/or special infant formulas, including medical foods. No contract formula or other standard WIC food sales are allowed for pharmacies.
- _____ 6. The types of valid WIC food instruments and the procedures for transacting Georgia WIC food instruments.
- _____ 7. The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
- _____ 8. The procedures for transacting and redeeming Georgia WIC food instruments, the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
- _____ 9. Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
- _____ 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
- _____ 11. The Georgia WIC Program's vendor complaint process.
- _____ 12. The Georgia WIC Program's vendor claims procedures.
- _____ 13. The Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties.
- _____ 14. The Georgia WIC Program's policies and procedures regarding use of incentive items.
- _____ 15. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

Vendor Management Complaint Form

Type of Complaint: Vendor Participant/Proxy
 Civil Rights/Discrimination Other _____

Complaint Made By: Vendor Participant/Proxy
 Individual Local/State Employee
 Anonymous (circle one)

Name: _____ Phone number: _____

Address: _____ Date Occurred: _____ Date Received: _____

Complaint Against: (Select Appropriate Box and Complete the Information)

Vendor Name: _____
Vendor Address: _____
Vendor ID# _____ Phone Number: _____

Participant/Proxy/Individual Name: _____
Address: _____ Phone Number: _____

Local/State Employee Name: _____ Title: _____
Address: _____ Phone Number: _____

Nature of Incident/Complaint*:

Complaint Received By: _____ Title: _____
Phone Number: _____ Date: _____

Complaint Assigned To: _____ Title: _____ Date: _____

Corrective Action(s) Taken & Final Resolution:

*(Attach Additional Sheet(s) if Necessary)

Follow-up Date(s) (if applicable) _____

Vendor Review Form

Vendor Information

Number _____ Peer Group _____

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ District/Unit _____

Store Owner _____

Store Manager _____

Visit Information

Date _____

Time _____

Visit Type _____

Pre-Approval

Monitoring

Follow-Up: Visit Number? _____

Complaint

Minimum Inventory Requirements: Physical inventory must be in stock and within current date limit when viewed by WIC Representative at time of visit. Purchase orders and sales receipts shall not be accepted.

Fresh Fruits and Vegetables

Can and frozen fruits are NOT counted as part of the Fresh Fruit TYPES for minimum inventory.

- | | | | | | |
|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---|--|
| <input type="checkbox"/> Apples | <input type="checkbox"/> Carrots | <input type="checkbox"/> Green Beans | <input type="checkbox"/> Okra | <input type="checkbox"/> Squash | Other (Write in Type)
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
| <input type="checkbox"/> Avocado | <input type="checkbox"/> Celery | <input type="checkbox"/> Honeydew | <input type="checkbox"/> Onions | <input type="checkbox"/> Strawberries | |
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Collards | <input type="checkbox"/> Kiwi | <input type="checkbox"/> Oranges | <input type="checkbox"/> Sweet Potatoes | |
| <input type="checkbox"/> Blueberries | <input type="checkbox"/> Corn | <input type="checkbox"/> Lemons | <input type="checkbox"/> Pears | <input type="checkbox"/> Tomatoes | |
| <input type="checkbox"/> Broccoli | <input type="checkbox"/> Cucumber | <input type="checkbox"/> Lettuce | <input type="checkbox"/> Peppers | <input type="checkbox"/> Watermelon | |
| <input type="checkbox"/> Cabbage | <input type="checkbox"/> Grapefruit | <input type="checkbox"/> Limes | <input type="checkbox"/> Pineapples | <input type="checkbox"/> White Potatoes | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Cantaloupe | <input type="checkbox"/> Grapes | <input type="checkbox"/> Mangos | <input type="checkbox"/> Snow Peas | | <input type="checkbox"/> _____ |

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Edible?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Fruits & Vegetables <i>Highest Price</i>	Fruits	20 Types Combined												
	Vegetables													

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?	If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No				Yes	No				
Juice <i>Highest Price</i>	48 oz. Ready to serve container; 11.5-12 oz. frozen or 11.5 oz. non-frozen concentrate	12										__oz.	
		2 types											
	Ready to serve container	12 (64 oz)										64 oz.	
		2 types											

Investigator Initials _____

(Revised 05-07-2015)

Vendor Review Form

Food Item	Types/ Brands	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Cereal <i>Highest Price</i>	WIC approved brands & types	24 boxes (11-36 oz.)											__oz.	
		4 types												
		2 whole grain												

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Beans/ Peas/ Lentils <i>Highest Price</i>	Dried 16 oz.	5 pkgs											16 oz.	
		2 types												
	Canned 15-16 oz.	18 cans											__oz.	
		2 types												

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Fish <i>Lowest Price</i>	Tuna 5, 6, 7.5 oz	18 cans combined											5 oz.	
	Pink Salmon 5, 6, 7.5, 14.75 oz.												__oz.	

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Peanut Butter <i>Highest Price</i>	Any brand	6 containers (16 - 18 oz.)											__oz.	
		2 brands												

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Bread <i>Highest Price</i>	Whole Grain Bread	6 loaves											16 oz.	

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Infant Cereal <i>Highest Price</i>	Dry Cereal 1 type must be rice	12 boxes											8 oz.	
		2 Types												

Investigator Initials _____

(Revised 05-07-2015)

Vendor Review Form

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials	
			Yes	No		Yes	No		Yes	No					
Infant Formula	Concentrate	19 Milk										Gerber Good Start Gentle	12.1 oz.		
		0 Soy*										Gerber Good Start Soy	12.1 oz.		
	Powder	50 Milk											Gerber Good Start Gentle	12.7 oz.	
		20 Soy											Gerber Good Start Soy	12.9 oz.	

* Vendors must be able to order soy contract formulas in a concentrate form when requested by the participant.

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Baby Food Highest Price	Fruit and/or Vegetable	96 jars combined											4 oz.	
	Meats	31 jars											2.5 oz.	

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Milk Lowest Price	Whole	8 Gallons											1 gal	
	Skim, 1%, 2%	12 Gallons <i>can be combined</i>											1 gal	
	Dry Powdered or Evaporated	3 Boxed or 12 cans											3 qt 12 oz.	

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Cheese Lowest Price	16 oz. packages	8 pkgs											16 oz.	
		2 types												

Food Item	Types	Minimum Inventory	Met?		If No, # in stock	Stocked After Date on Item?		If Yes, How Many?	Price Marked?		Price	Brand/Type	Size	Vendor Initials
			Yes	No		Yes	No		Yes	No				
Eggs Lowest Price	Grade A Large	8 - 1 dozen carton											1 dozen	

Investigator Initials _____

(Revised 05-07-2015)

Vendor Review Form

Non-WIC Inventory Requirement				Vendor Initials
Food Item	Minimum	Met?		
		Yes	No	
Meats, Poultry and/or Seafood (refrigerated or frozen)	200			
Breads and Cereal Products	200			
Dairy (e.g. milk, cheese, yogurt, etc.)	200			
Shelf Staples (e.g. flour, sugar, pasta, pudding mix, etc.)	200			
Cans, Jars, Bottled Goods (e.g. mayo, ketchup, relish, etc.)	200			
Beverages (e.g. soda, water, powdered drinks, etc.)	200			
Snack Foods (e.g. crackers, granola bars, etc.)	200			

General Observations and Questions		YES	NO
1	Are there any WIC Vouchers on hand in the store?		
	a) If the answer is YES, were the vouchers completed correctly?		
2	Did you observe a participant making a purchase?		
	a) If the answer is YES, were appropriate procedures followed?		
3	Is the store open for business 6 days per week 8 hours per day?		
4	Does the store have scanners that can scan WIC eligible products?		
5	Does the vendor use the WIC acronym or logo in the name or advertisements?		
6	Did the Vendor Representative provide Infant Formula Supplier invoices?		
	a) If the answer is YES, document the supplier: _____		
	b) If the answer is NO, was a request form given to the Vendor Representative?		

Vendor Representative Notes

Investigator Initials _____

(Revised 05-07-2015)

Vendor Review Form

WIC Representative Notes

The results of this review have been discussed with me and I have been informed of any issue(s) or violation(s) that were found.

Vendor Representative Signature _____ Date _____

Vendor Representative Print _____ Title _____

<p>I hereby certify that I have reviewed all WIC and non-WIC food items on this form. I have discussed all findings and informed the vendor representative of any issue(s) or violation(s). I have provided the vendor representative an opportunity for questions and answers. I have discussed any training needs.</p>
--

WIC Representative Print _____ Date _____

(Revised 05-07-2015)

**GEORGIA DEPARTMENT OF PUBLIC HEALTH
OFFICE OF INSPECTOR GENERAL**

NON-NOTIFICATION FOR FIRST VIOLATION

Vendor Name: _____ Vendor Number: _____

Pursuant to 7 C.F.R. § 246.12(l)(3), the State agency must notify a vendor in writing when an investigation reveals an initial incidence of a violation for which a pattern of incidences must be established in order to impose a sanction, unless the State agency determines, in its discretion, on a case-by-case basis, that notifying the vendor would compromise an investigation.

In this case, notification of the initial violation was not provided to the vendor for the following reason(s), as explained in detail below:

	Covert sting operation by Georgia WIC: _____ _____
	Joint investigation with other federal agency: _____ _____
	Pending investigation by federal agency: _____ _____
	Georgia WIC investigator's identity may be in jeopardy: _____ _____
	Threatening conduct or other security factors that may occur during course of investigation: _____ _____
	Other: _____ _____

Note: Pursuant to 7 C.F.R. § 246.2, "violation" means any intentional or unintentional act of a vendor's current owners, officers, managers, agents or employees (with or without the knowledge of management) that violates the Georgia WIC Vendor Agreement or Federal or state statutes, regulations, policies or procedures governing the Program.

Investigator Number _____ Date _____

Supervisor Signature _____ Date _____

Above 50% Application Verification

Date: _____

QAS: _____

Store Name: _____

Vendor Number, if applicable: _____

The assessment of this vendor's potential to be an above 50% vendor has revealed the following:

_____ The vendor is dependent upon the authorization of WIC before it can open for business

_____ The vendor carries mostly WIC approved food items and is deficient in the non-WIC food item categorized by USDA as food

_____ The dollar amount assessment of WIC food items to all food items purchased for sell denotes that the applicant vendor has the potential to be an above 50% vendor.

_____ The applicant will not accept more than 3 types of payment for food items and as such will be expected to accept WIC food instruments as the primary source of payment for supplemental food items

_____ The vendor currently has at least one authorized WIC location that has been categorized as an above 50% vendor

_____ Vendor failed to submit requested documentation by the stated deadline

_____ The vendor is not expected to derive more than 50% of it's total food sales from the sale of WIC food items.

Summary of Findings: _____

_____ Application is approved

_____ Application is denied for meeting the above 50% criterion

Verified by Manager- Vendor Analytics and Cost Containment
(Initial) _____ Date _____

**RULES
OF
DEPARTMENT OF PUBLIC HEALTH**

**CHAPTER 511-8-1-
THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS
AND CHILDREN (WIC)**

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511-8-1-.01 Legal Authority.

These rules are adopted and published pursuant to Section 17 of the Child Nutrition Act of 1966, as amended.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.02 Title and Purpose.

These rules shall be known as the Administrative Rules for the Special Supplemental Nutrition Program for Women, Infants and Children (Georgia WIC). The purpose of these rules is to provide for the administration of Georgia WIC as set forth by the Child Nutrition Act of 1966, as amended, and the Code of Federal Regulations.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.03 Definitions.

(1) "Adverse action" means an action taken by the State agency, and which is subject to full or abbreviated administrative review as provided by 7 C.F.R. § 246.18(a)(1)(i)(ii), as a result of a vendor violation of the Georgia WIC rules and regulations.

(2) "Days" means calendar days.

(3) "Department" means the U.S. Department of Agriculture.

(4) "FNS" means the Food and Nutrition Service of the U.S. Department of Agriculture.

(5) "Food delivery system" means the method used by State and local agencies to provide supplemental foods to participants.

(6) "State" means the state of Georgia.

(7) "State agency" means the Georgia Department of Public Health.

(8) "State Plan" means the Georgia WIC plan of operation and administration that describes the manner in which the State agency intends to implement and operate all aspects of Georgia WIC.

(9) "Vendor" means a sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by the State agency to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity constitutes a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location, except when the authorization of mobile stores is necessary to meet the special needs described in the Georgia WIC State Plan of operation.

(10) "Vendor authorization" means the process by which the State agency assesses, selects, and enters into agreements with stores that apply or subsequently reapply to be authorized as vendors."

(11) "WIC" means the Special Supplemental Nutrition Program for Women, Infants and Children authorized by section 17 of the Child Nutrition Act of 1966, 42 U.S.C. 1786.

Authority 42 U.S.C. § 1786; 7 C.F.R. § 246.2; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.04 Purpose and Administration.

(1) Purpose. The Special Supplemental Nutrition Program for Women, Infants and Children follows from the Child Nutrition Act of 1966 which states, in part, that the Congress finds that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of inadequate nutrition or health care, or both. The purpose of Georgia WIC is to:

(a) provide supplemental foods, and nutrition education and counseling through payment of cash grants to State agencies which administer Georgia WIC through local agencies at no cost to eligible persons;

(b) serve as an adjunct to good health care during critical times of growth and development, in order to prevent the occurrence of health problems, including drug and other harmful substance abuse, and to improve the health status of these persons; and

(c) supplement the Supplemental Nutrition Assistance Program (SNAP) and any program under which foods are distributed to needy families in lieu of food stamps and receipt of food or meals from soup kitchens, or shelters or other forms of emergency food assistance.

(2) Administration of State Plan. The State agency shall administer the Georgia WIC State Plan of operation in accordance with these Rules and all relevant Federal and State law, rules and regulations, and policies and procedures governing Georgia WIC.

(3) Policies, Guidelines and Manuals. The State agency shall promulgate policies, guidelines and manuals to facilitate operation of Georgia WIC in accordance with the agreement with the Department, the guidelines and instructions issued by the Department and FNS in policy letters and management evaluations, and the Georgia WIC State Plan of operation and the rules contained in this Subchapter.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.1 and 246.3; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.05 Vendor Terms and Conditions.

The State agency shall publish the terms and conditions for vendor authorization and participation under the Georgia WIC State Plan of operation through the Georgia WIC Procedures Manual, the Vendor Agreement, and Georgia WIC Vendor Handbook. A copy of the Georgia WIC Vendor Handbook containing the terms and conditions for vendor authorization and participation shall be made available to each authorized vendor. Such terms and conditions may be amended from time to time when Georgia WIC finds it necessary or appropriate to do so. All such amendments shall be made available to vendors at the addresses provided by the vendors to Georgia WIC. Vendors are required to abide by the provisions of the current Vendor Handbook, as amended, including the sanction system outlined therein. Vendors will be subject to sanctions for program violations in accordance with the version of the handbook and all amendments in effect at the time the violation occurs. Amended terms and conditions shall be effective as specified by Georgia WIC at the time of publication.

Authority: 42 U.S.C. § 1786; 7 C.F.R. §§ 246.4 and 246.12; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

511-8-1-.06 Procedures for Vendor Administrative Review, Hearings and Appeals.

(1) Intent. It is the intent of this regulation to comply with the requirements of 7 C.F.R. § 246.18 while following the existing procedures of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-1 *et seq.*, in cases entitled to full administrative review; and to provide for the prompt, fair, and efficient internal review of cases entitled to abbreviated administrative review in accordance with the requirements of 7 C.F.R. § 246.18.

(2) Full Administrative Review

(a) The following adverse actions shall be subject to full administrative review upon timely request by the vendor:

1. Denial of authorization based on the application of the vendor selection criteria for minimum variety and quantity of authorized supplemental foods, or on a determination that the vendor is operating a store sold by its previous owner in an attempt to circumvent a sanction, as stated in 7 C.F.R. § 246.12(g)(7) ;
 2. Termination of an agreement for cause;
 3. Disqualification; and
 4. Imposition of a fine or a civil money penalty in lieu of disqualification.
- (b) These procedures shall be followed in cases meriting full administrative review:
1. The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain full administrative review, the causes for and the effective date of the action. When a vendor is disqualified due in whole or in part for any of the violations listed in 7 C.F.R § 246.12(l)(1), the notice shall include the following statement: "This disqualification from WIC may result in disqualification as a retailer in SNAP. Such disqualification is not subject to administrative or judicial review under SNAP."
 2. A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed;
 3. Upon receiving a timely request for review, the Commissioner shall refer the case to the Office of State Administrative Hearings (OSAH) for initial decision.
 4. The hearing before OSAH shall be conducted in accordance with the Georgia Administrative Procedures Act and the rules of OSAH. In addition, the Administrative Law Judge (ALJ) shall ensure that the vendor is given:
 - (i) Adequate advance notice of the time and place of the administrative review to provide all parties involved sufficient time to prepare for the review;
 - (ii) The opportunity to present its case and at least one opportunity to reschedule the administrative review date upon specific request;
 - (iii) The opportunity to cross-examine adverse witnesses. When necessary to protect the identity of WIC Program investigators, such examination may be conducted behind a protective screen or other device to conceal the investigator's face and body;
 - (iv) The opportunity to be represented by counsel; and
 - (v) The opportunity to examine prior to the hearing the evidence upon which the State agency's action is based.
 5. The ALJ's determination shall be based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the WIC Program, according to the evidence presented at the review.
 6. The Commissioner shall appoint an attorney from the Office of General Counsel as a reviewing official to review the ALJ's initial decision at the

request of either party within ten days of the date of the ALJ's initial decision, to ensure that it conforms to approved policies and procedures, and to render the final agency decision in accordance with O.C.G.A. § 50-13-41. If neither party requests that the ALJ's decision be reviewed, then the ALJ's decision shall become the final agency decision thirty days after it was entered.

7. When the ALJ's decision is reviewed at the request of either party, the reviewing official shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within the time period prescribed by O.C.G.A. § 50-13-41. If the adverse action under review has not already taken effect, the review official's decision shall be effective on the date of receipt by the vendor.

(3) Abbreviated Administrative Review

(a) The following adverse actions shall be subject to abbreviated administrative review upon timely request by the vendor:

1. Denial of authorization based on the vendor selection criteria for business integrity or for a current SNAP disqualification or civil money penalty for hardship;
2. Denial of authorization based on the application of the vendor selection criteria for competitive price;
3. The application of the State agency's vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
4. Denial of authorization based on a State agency-established vendor selection criterion if the basis of the denial is a WIC vendor sanction or a SNAP withdrawal of authorization or disqualification;
5. Denial of authorization based on the State agency's vendor limiting criteria;
6. Denial of authorization because a vendor submitted its application outside the timeframes during which applications are being accepted and processed as established by the State agency;
7. Termination of an agreement because of a change in ownership or location or cessation of operations;
8. Disqualification based on a trafficking conviction;
9. Disqualification based on the imposition of a SNAP civil money penalty for hardship;
10. Disqualification or a civil money penalty imposed in lieu of disqualification based on a mandatory sanction imposed by another WIC State agency;
11. A civil money penalty imposed in lieu of disqualification based on a SNAP disqualification; and
12. Denial of an application based on a determination of whether an applicant vendor is currently authorized by SNAP.

(b) These procedures shall be followed in cases meriting abbreviated administrative review:

1. The State agency shall give written notice to the vendor of the adverse action, the procedures to follow to obtain an abbreviated administrative review, the causes for and the effective date of the action;
2. A vendor seeking review must send a written request for review to the Commissioner of the State agency within fifteen days from the date of the notice of adverse action, with a copy of the decision to be reviewed and any documents, argument, or information that the vendor contends would justify reversal;
3. Upon receiving a timely request for review, the Commissioner shall appoint a decision-maker who is someone other than the person who rendered the initial decision on the action to review the information provided to the vendor concerning the causes for the adverse action and the vendor's response, and to make a determination based solely on whether the State agency has correctly applied Federal and State statutes, regulations, policies, and procedures governing the Program;
4. The decision-maker shall provide written notification of the final agency decision, including the basis for the decision, and the vendor's right to seek judicial review pursuant to O.C.G.A. § 50-13-19, within 90 days of the date of receipt of the request for an administrative review. If the adverse action under review has not already taken effect, the decision-maker's ruling shall be effective on the date of receipt by the vendor.

(4) Actions not Subject to Administrative Review

The following adverse actions are not subject to administrative review:

- (a) The validity or appropriateness of the State agency's vendor limiting criteria or vendor selection criteria for minimum variety and quantity of supplemental foods, business integrity, and current SNAP disqualification or civil money penalty for hardship;
- (b) The validity or appropriateness of the State agency's selection criteria for competitive price, including, but not limited to, vendor peer group criteria and the criteria used to identify vendors that are above-50-percent vendors or comparable to above-50-percent vendors;
- (c) The validity or appropriateness of the State agency's participant access criteria and the State agency's participant access determinations;
- (d) The State agency's determination to include or exclude an infant formula manufacturer, wholesaler, distributor, or retailer from the list required pursuant to §246.12(g)(11);
- (e) The validity or appropriateness of the State agency's prohibition of incentive items and the State agency's denial of an above-50-percent vendor's request to provide an incentive item to customers pursuant to §246.12(h)(8);

- (f) The State agency's determination whether to notify a vendor in writing when an investigation reveals an initial violation for which a pattern of violations must be established in order to impose a sanction, pursuant to §246.12(l)(3);
- (g) The State agency's determination whether a vendor had an effective policy and program in effect to prevent trafficking and that the ownership of the vendor was not aware of, did not approve of, and was not involved in the conduct of the violation;
- (h) Denial of authorization if the State agency's vendor authorization is subject to the procurement procedures applicable to the State agency;
- (i) The expiration of a vendor's agreement;
- (j) Disputes regarding food instrument or cash-value voucher payments and vendor claims (other than the opportunity to justify or correct a vendor overcharge or other error, as permitted by §246.12(k)(3); and
- (k) Disqualification of a vendor as a result of disqualification from SNAP.

Authority: 42 U.S.C. § 1786; 7 C.F.R. § 246.18; O.C.G.A. §§ 31-2A-6(a), 31-5-1.

**GEORGIA WIC PROGRAM
ANNUAL TRAINING
CORPORATE & NON-CORPORATE PHARMACY VENDOR TRAINING CHECKLIST**

**CORPORATE NAME
(if applicable) and
STORE NAME & NUMBER**

**VENDOR
NUMBER
(if applicable)**

_____ I have read the FFY 2016 Georgia WIC Program Annual Training update.

_____ I have read a copy of the FFY 2016 edition of the Georgia WIC Program Vendor Handbook, found on: <http://dph.georgia.gov/vendor-information>

I have been trained on and understand (please initial each line below):

- _____ 1. The purpose of the Georgia WIC Program and how to contact Georgia WIC.
- _____ 2. Terms of the vendor agreement. The agreement is null and void upon change of ownership. The vendor must re-apply to continue as a vendor upon expiration of agreement.
- _____ 3. I understand the vendor's responsibility for adhering to the selection criteria throughout the agreement period.
- _____ 4. The purpose of vendor training and the requirement to attending training. The vendor is responsible for training its employees on the information discussed at training. The vendor is responsible for the actions of its officers, managers, agents and paid or unpaid employees.
- _____ 5. Pharmacy vendors can only redeem exempt and/or special infant formulas, including medical foods. No contract formula or other standard WIC food sales are allowed for pharmacies.
- _____ 6. The types of valid WIC food instruments and the procedures for transacting Georgia WIC food instruments.
- _____ 7. The requirement to purchase infant formula from an approved list of infant formula suppliers and how to obtain the Georgia WIC Approved Infant Formula Supplier List.
- _____ 8. The procedures for transacting and redeeming Georgia WIC food instruments, the use of the vendor stamp, and the requirement to enroll in the Automatic Clearing House (ACH) following authorization to the Georgia WIC Program.
- _____ 9. Returned food instruments payment procedures and the provision for Georgia WIC to make price adjustments.
- _____ 10. The responsibility of the vendor to be in compliance with the review of the store via overt monitoring, audits, covert investigations and analyses of programmatic reports.
- _____ 11. The Georgia WIC Program's vendor complaint process.
- _____ 12. The Georgia WIC Program's vendor claims procedures.
- _____ 13. The Vendor Sanction System and violations of program, including the federally mandated sanctions (including incentive item violations), disqualification periods, vendor claims, and civil money penalties.
- _____ 14. The Georgia WIC Program's policies and procedures regarding use of incentive items.
- _____ 15. The right to request an administrative review for adverse action(s) taken against the vendor.

I ACKNOWLEDGE THAT I HAVE BEEN TRAINED ON THE ITEMS LISTED ABOVE AND RECEIVED A CURRENT VERSION OF THE GEORGIA WIC PROGRAM VENDOR HANDBOOK.

Signature of Store/Corporate Representative

Date

Print Name

Title

**Georgia WIC Office of Vendor Management
Employee Conflict of Interest Statement**

I have read and understand the State of Georgia WIC Office of Vendor Management’s Conflict of Interest Policy and Procedure. By signing below, I am agreeing to always follow the policy by:

1. Informing my supervisor, before any activity or discussion, if I find that I or any person with whom I have personal, family or business relationship has a direct or indirect interest in or relationship to any individual or business that does or proposes to conduct business with WIC.
2. I will not engage in activities which violate federal or state laws, WIC Policies or which in any way, diminish the integrity, efficiency, or quality of the WIC program.
3. I will not perform my official duties in a manner that would result in preferential or discriminatory treatment to any person or vendor.
4. I will not, directly or indirectly, ask for, give, receive, or agree to receive any compensation, gift, reward, or gratuity (including cash, food or food coupons) for performing, omitting, or deferring the performance of any job related duties from a WIC vendor.
5. I will not abuse, misuse, or disclose confidential information in a manner that can result in a direct benefit to employee or immediate family member or business associate.
6. I will not show any favoritism, by oral or written communication, posters, handouts, promotions or media presentations towards any WIC authorized vendors or applicants.
7. I will refrain from knowingly making a decision intended to benefit or to disadvantage a specific authorized WIC vendor or applicant.
8. I certify that neither I nor any individual related to me by blood or marriage has any financial interest in any grocer authorized to accept WIC food instruments.
9. I certify that I am not the owner or spouse of an owner of a WIC authorized vendor.

Revised 09/2014

I hereby disclose the names of and my relationship to any WIC employee or authorized vendor or the State of Georgia WIC Program, as well as my relations to any owner, proprietor, partner, manager or employee of an authorized vendor of the State of Georgia WIC Program.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

*Use a separate sheet for additional parties and attach to this document if additional spaces are required.

I do **NOT** have any conflict of interest.

I do have or may have a conflict of interest, which is: _____

I understand and agree to the above terms and I understand that formal disciplinary action and/or dismissal may occur if I fail to comply to the above terms.

Employee Name (print full name) Title

Employee Signature Date

Supervisor's Signature Date

**Family and relatives are defined as: employee' parents, spouse, children, brothers, sisters, grandparents, great-grandparents, uncles, aunts, nephews, nieces, grandchildren, great-grandchildren, father-in-law, mother-in-law, son-in-law, daughter-in-law.

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FP-49: Calcium-fortified Juices – Guidelines, Procedures & Recommendations FP-315

FP-50: **List of Single Item Voucher Codes**..... FP-316

I. AUTHORIZATION OF FOODS

A Competent Professional Authority (CPA) shall prescribe the categories of authorized supplemental foods in quantities that do not exceed the regulatory maximum and are appropriate for the participant, taking into consideration the participant's age, nutritional needs, and feeding type. The provision of less than the maximum monthly allowances of supplemental foods to an individual WIC participant is appropriate only when:*

- 1. Medically or nutritionally warranted (e.g., eliminate a food due to an allergy);*
- 2. A participant refuses or cannot use the maximum monthly allowances.*

The amounts of supplemental foods shall not exceed the maximum quantities specified in this Section. All participants/caregivers should be instructed on how to select WIC-approved foods to receive their maximum allowance.

*A CPA is a nutritionist, Registered Dietitian, Licensed Dietitian, Registered Nurse, Licensed Practical Nurse, Physician, or Physician Assistant who has been trained by the State or local agency to perform WIC assessments.

II. PRESCRIBING FOODS, GENERAL

A. Contract Versus Non-Contract Formula

The State of Georgia has entered into a contract with Nestlé Nutrition / Gerber (effective date: July 1, 2013 through June 30, 2016), to provide formula for WIC participants. All infants participating in Georgia WIC who require a standard infant formula will be provided with vouchers for a contract formula. The contract infant formulas are ***Gerber Good Start Gentle*** (milk-based), ***Gerber Good Start Soy*** (soy-based), ***Gerber Good Start Soothe*** (lactose-reduced), ***Gerber Graduates Gentle***, ***Gerber Graduates Soy***, and ***Gerber Graduates Soothe***. This contract also covers children and women who require a contract infant formula as a source of nutrition. The contract currently provides a rebate on each container of Gerber Good Start Gentle, Gerber Good Start Soy, Gerber Good Start Soothe, Gerber Graduates Gentle, Gerber Graduates Soy, and Gerber Graduates Soothe purchased. **Contract formulas do not require medical documentation for infants.** Gerber Graduates Gentle, Gerber Graduates Soy, and Gerber Graduates Soothe can only be issued to infants ages nine (9) through 11 (eleven) months. Children require medical documentation to receive any formula products.

1. Milk-Based Formula:

All participants who receive a milk-based infant formula will receive the contract formula ***Gerber Good Start Gentle***.

Georgia WIC does **NOT APPROVE** the following non-contract milk-based infant formulas for distribution for which **medical documentation will NOT** be accepted:

- Enfamil Infant
- Enfamil Newborn
- Enfamil Reguline
- Enfamil 24
- Enfamil for Supplementing
- Enfagrow Toddler Transitions
- Enfagrow Toddler Next Step®
- Gerber Good Start Protect
- Gerber Graduates Protect
- Gerber Good Start Gentle for Supplementing
- Parent's Choice (milk-based)
- Similac Advance
- Similac Go & Grow Milk-Based
- Similac for Supplementation
- Similac Total Comfort
- Store brand milk-based infant formulas
- Organic formula (Any Type)

2. Soy-Based Formula:

All participants who receive a soy-based infant formula will receive the contract formula *Gerber Good Start Soy*.

Georgia WIC does **NOT APPROVE** the following non-contract soy-based infant formulas for distribution for which **medical documentation will NOT** be accepted:

- Enfagrow Toddler Transitions Soy
- Enfamil ProSobee
- Parent's Choice Soy
- Similac Go & Grow Soy-Based
- Similac Soy Isomil
- Store brand soy-based formulas that are USDA approved
- Organic formula (Any Type)

3. Lactose-Reduced

Participants requiring a milk-based, standard lactose-free, lactose-reduced, infant formula will receive contract formula Gerber Good Start Soothe. Medical documentation is not required.

Georgia WIC does **NOT APPROVE** the following non-contract lactose-reduced based infant formulas for distribution for which **medical documentation will NOT** be accepted:

- Enfamil Gentlease
- Enfagrow Toddler Transitions Gentlease
- Similac Sensitive
- Store brand lactose-free, lactose-reduced infant formula

4. Rice Added Formula (Medical Documentation Required):

The following two conditions must exist prior to issuance of a Non-Contract Rice Added Formula:

- 1) Diagnosis of **Gastroesophageal** reflux disease (GERD)
And at least one of the following conditions:
- 2) Pneumonia, tube feed, GERD surgery (Fundoplication), poor weight gain, or drop of at least one weight channel on growth chart. (Note: If weight is not provided, issuance will be based on weight obtained at WIC clinic.)

Participants meeting the requirements for a rice-added infant formula may receive the following non-contract formula:

- Enfamil A.R.

5. Formula Changes:

Infants may switch from one contract formula to another contract formula without medical documentation.

Whenever medical condition(s)/diagnosis (es) warrant a change **from the contract** formula, WIC may provide the infant another approved formula upon receipt of proper medical documentation. Vouchers will specify the prescribed formula. Refer to Section VIII (Medical Documentation) for information regarding the required medical documentation for qualifying medical conditions.

Formula should not be prorated at the time of a food package change. If a full package is returned, a full package should be issued. Partial packages (vouchers or cans of formula) should be exchanged based on reconstituted fluid ounces. For partial packages, the number of cans should always be rounded down to avoid the possibility of over issuance.

B. Food Package Categories

There are seven (7) food package categories authorized by Federal WIC regulations. Each group is specified according to age, condition, and/or formula type (in the case of Food Package III). The groups are:

Food Package Name from the Federal WIC Regulations	Age/Condition	Food Package Series Number (Internal)
Food Package IA	Fully Formula Fed (FFF) infants ages 0 through 3 months	A00-A99
	Some Breastfeeding (SBF) infants ages 0 through 3 months	A00 - A99, P00 - P99
	Mostly Breastfed (MBF) infants ages 0 through 1 month	E02 – E60, E70 – E99
	Mostly Breastfed (MBF) infants ages 1 through 3 months	E02 – E60, E70 – E99 F00 – F99, J00 – J99, K00 – K99
	Exclusively Breastfed (EBF) infants ages 0 through 5 months	E00
Food Package IB	Fully Formula Fed (FFF) infants ages 4 through 5 months	(B00 – B99)
	Some Breastfeeding (SBF) infants ages 4 through 5 months	(B00 – B99), (Q00 – Q99)
	Mostly Breastfed (MBF) infants ages 4 through 5 months	(G00 – G99) E00 – E99, J00 – J99, K00 – K99
Food Package II	Fully Formula Fed (FFF) infants ages 6 through 11 months	(D00 – D99)
	Some Breastfeeding (SBF) infants ages 6 through 11 months	(D00 - D99), (I00 – I99)
	Mostly Breastfed (MBF) infants ages 6 through 11 months	(H00 – H99), (L00 – L99), (M00 – M99), (N00 – N99)
	Exclusively Breastfed (EBF) infants ages 6 through 11 months	(E01)
Food Package III	Medically fragile women, infants, and children with qualifying medical conditions receiving special formulas / nutritionals, OR an infant greater than six months on standard infant formula and not receiving infant foods due to a medical condition that prohibits the consumption of infant foods	R00 – R99, (S00 – S99), (T00 – T99) X00 – X99, Z00 – Z99 B00-B99
Food Package IV	Children ages 1 through 4 years	C00 – C99
Food Package V	Pregnant women Mostly breastfeeding women	W01 – W19
Food Package VI	Non-breastfeeding women Women breastfeeding some	W20 – W39

Food Package VII	Exclusively breastfeeding women Women pregnant with multiple fetuses Women mostly breastfeeding multiples Pregnant women exclusively or mostly breastfeeding an infant	W40 – W79 (V60 – V79)
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C. Food Packages

Food Packages contain foods from the Georgia WIC-Approved Foods List in combinations and amounts that meet USDA Federal regulations for WIC participants by WIC type.

Food packages translate the foods authorized in each food package category group into allowed amounts of Georgia WIC-approved foods. Food packages include standard food packages and packages to meet special nutritional needs (e.g., lactose intolerance). (See Attachments FP-1 to FP-25.)

All formulas, nutritionals, and supplemental foods that are authorized for distribution through WIC must first be determined WIC-eligible by the Food and Nutrition Service, United States Department of Agriculture. The Nutrition Unit may then approve distribution of the product through Georgia WIC.

1. Tailoring: Available state-created food packages contain the maximum amounts of allowed foods. This is called the “full nutritional benefit.” Any food grouping that includes maximum amounts of allowed foods may be prescribed. (See Attachments FP-1 to FP-25 for a list of numbered food packages.)

No matter how many family members are participating in WIC, each participant's nutritional needs must be given individual consideration.

Participants or their caretaker should be advised that the supplemental foods issued are only for their personal use. However, the supplemental foods are not authorized for participant use while hospitalized on an in-patient basis. In addition, supplemental foods are not authorized for use in the preparation of meals served in a communal food service. This restriction does not preclude the provision or use of supplemental foods for individual participants in a nonresidential setting (e.g., child care facility, family day care home, school, or other educational program); a homeless facility or a residential institution (e.g., home for pregnant teens, prison, or residential drug treatment center) that allows for individuals to store their WIC foods for their personal use apart from community prepared foods.

2. Assignment of CPA Food Package Code (CPA FPC): CPA FPC is the “umbrella” code assigned to a WIC participant that reflects the types and quantities of foods to be issued over a certification period. Each CPA FPC

may be subcategorized into multiple internal food package codes. The CPA assigns the CPA FPC that coincides with the types of foods desired based on the participant's category and feeding type. If a state-created food package that meets the needs of the participant is not available, the CPA specifies the quantities/items desired and assigns a District/clinic-created 999 food package (i.e., food package in the 900-999 number series). A 999 food package may include any allowed food combination, up to the maximum allowed. Allowable foods and maximum quantities will vary depending on participant category. (Refer to Attachments FP-26 to FP-34 for maximum monthly amounts authorized; see Attachment FP-50 for voucher codes for single food items and small quantity vouchers.)

3. Assignment Method: The CPA must evaluate and assign food packages:
 - a. At each WIC assessment/certification (Initial, Subsequent, Mid-Assessment, Mid-cert, Half-cert)
 - b. Upon receipt of medical documentation prescribing a new food/foods
 - c. At the request of the participant

Only WIC CPA staff is authorized to assign food packages.

D. Required Documentation

1. General Documentation:
 - a. During the WIC assessment/certification, the CPA must enter the CPA Food Package Code in the "Food Package" space provided on the WIC Certification Form or directly into the applicable field in the front-end computer system. Specific foods or voucher codes to be issued for food package 999 must be documented on the WIC Certification Form or in the progress notes of the participant's health record.
 - b. Food package changes occurring within a valid WIC certification period must be documented on the WIC Certification Form. The date of the food package change and the CPA's signature and title must be included in the documentation. The use of a signature stamp is not acceptable. Secondary nutrition education provided with food package changes must be documented in the medical record.
2. Medical Documentation:

Documentation from a health care provider is required for the following situations:

- a. Rice-added standard infant formulas (e.g., Enfamil A.R.), See "Rice Added Formula" issuance conditions above prior to approval.

- b. Authorized non-contract infant formulas for infants, any infant formulas for children or women, any exempt infant formulas, and any nutritionals (e.g., as indicated for chronic diseases or medical conditions).
 - c. Standard infant formula to an infant greater than six months not receiving infant foods due to a medical condition that prohibits the consumption of infant foods.
3. CPA documentation is required for:
- a. Issuance of ready-to-feed formulas, unless ready-to-feed is the only available form of the product.
 - b. Issuing less than the maximum monthly allowance of supplemental foods (e.g., to omit a food due to a food allergy).
 - c. Issuance of nursettes when a larger ready-to-feed alternative is available.

III. INFANTS

Food Package I is for infants 0 through five (5) months of age and consists only of iron-fortified infant formula that is not an exempt infant formula. Food Package II is for infants six (6) through eleven (11) months of age and consists of iron-fortified infant formula, iron-fortified infant cereal, and infant fruits and vegetables. Infant cereal and infant fruits and vegetables may not be assigned to an infant less than 6 months old. Exclusively breastfed infants six (6) through eleven (11) months of age also receive infant meats. Food Packages I and II are designed for issuance to infants who do not have a medical condition qualifying them to receive Food Package III. Infant formula is the only category of formula authorized in this food package. Exempt infant formulas and WIC-eligible nutritionals are authorized only in Food Package III.

An infant six (6) through eleven (11) months who is receiving infant fruits and vegetables will receive a voucher with the option to purchase either 4 - 4oz containers of baby food fruits and vegetables OR four (4) fresh bananas. The maximum number of bananas an infant may receive each month is four (4), regardless of feeding type. This voucher may be redeemed for any type of yellow banana, including organic bananas. No red bananas or plantains are allowed.

Cow's milk and goat's milk are not authorized for infants in the first twelve (12) months of life.

Infant Formula: A nutritionally complete, iron-fortified standard or slightly modified (e.g., reduced-lactose or rice-added) formula for use in full-term infants. Infant formulas generally provide twenty (20) calories per fluid ounce at standard reconstitution. Examples include: Gerber Good Start Gentle, Gerber Good Start Soy, Gerber Good Start Soothe, Enfamil A.R., and Gerber Graduates Soy.

Exempt Infant Formula: An infant formula designed for infants with medical conditions (e.g., prematurity, low birth weight, metabolic disorders, etc.). Some exempt infant formulas are also classified as nutritionals. Examples of exempt infant formulas include EleCare for Infants, Nutramigen with Enflora LGG, premature infant formulas (such as Similac Expert Care NeoSure, Similac Special Care products, Enfamil Premature 20, and Gerber Good Start Premature 24), Cyclinex-1, Similac Expert Care Alimentum, Enfaport, Similac Expert Care for Diarrhea, and Pregestimil.

WIC Eligible Nutritionals: A WIC-eligible nutritional refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritionals may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via oral or tube feeding. WIC-eligible nutritionals include many, but not all, products that meet the definition of nutritionals. Examples of nutritionals include PediaSure, EO28 Splash, Nutren 2.0, KetoCal 4:1, Boost, PediaSure Peptide, Peptamen Jr., Duocal, Boost Kid Essentials, Cyclinex-1, Portagen, and human milk fortifier.

To determine if a product is an infant formula, an exempt infant formula, or a nutritional, visit the WIC Works Formula Database at the following website:
http://wicworks.nal.usda.gov/nal_web/wicworks/formulas/FormulaSearch.php .

A. Tailoring

1. **Breastfed Infants:** To fully establish the maternal milk supply, it is best if no formula is offered to infants prior to four (4) to six (6) weeks of age. If the mother requests it and the CPA deems it appropriate, one can of powder formula may be issued during the first month of life. However, large cans of powder formula (e.g., 22-25.7 oz. cans) cannot be issued as they exceed the maximum number of reconstituted fluid ounces (104 fluid oz.) allowed to be issued.

If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is allowed. The CPA should assign a food package with only the amount of formula the infant requires (e.g., one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula should not be honored without assessment and counseling of the mother/baby dyad. Refer to Attachment BF-11 in the Breastfeeding Section for a chart to assist CPAs in determining the approximate amount of formula needed based on the infant's usual formula intake.

2. **Formula Fed Infants:** When the participant is not breastfed, a contract infant formula should be prescribed unless appropriate medical

documentation is provided. The amount of formula provided varies with age and feeding type.

The issuance of any contract brand or non-contract brand infant formula that contains less than ten (10) milligrams of iron per liter at standard dilution (i.e., approximately twenty (20) kilocalories per fluid ounce of prepared formula) is prohibited.

3. Cereal: Cereal is not authorized for the infant 0 through five (5) months of age. Infants six (6) to eleven (11) months old will receive the full nutritional benefit of twenty-four (24) ounces of infant cereal per month. When determining infant age for food package issuance and supplemental foods, round as follows:

- If the infant's age on the "First Day to Use" date for the voucher is 0 to 15 (fifteen) days old, round down to nearest month.

- If the infant's age on the "First Day to Use" date for the voucher is 16 (sixteen) – 30 (thirty) days old, round up to nearest month.

4. Infant Fruits and Vegetables: Infant fruits and vegetables are containers of baby food in either 4 oz or 8 oz twin packs. They may be single ingredient or a WIC-approved mixture. Infant fruits and vegetables are not authorized for the infant 0 through five (5) months of age. The full nutritional benefit for Fully Formula Fed (FFF) and Mostly Breastfed (MBF) infants is 128 ounces of infant fruits and/or vegetables. Exclusively Breastfed (EBF) infants receive 256 ounces of infant fruits and/or vegetables. Georgia WIC authorizes only Stage 2 (2nd Foods) infant fruits and vegetables.
5. Infant Meats: Infant meats are jars of baby food containing single-ingredient meats (e.g., baby food beef and beef broth or chicken and chicken gravy). Infant meat is not authorized for the infant zero through five (5) months of age. The full nutritional benefit is 77.5 ounces of infant meat. No meat mixtures are allowed. Infant meat is only authorized for Exclusively Breastfed (EBF) infants six (6) through eleven (11) months of age.

B. Feeding Type Assignment

Four infant feeding options are available – Exclusively Breastfed (EBF), Mostly Breastfed (MBF), Some Breastfed (SBF), or Fully Formula Fed (FFF).

1. Exclusively Breastfed (EBF) infants receive no formula from WIC.
2. Mostly Breastfed (MBF) infants receive formula in amounts that do not exceed the maximum allowed for mostly breastfed infants in the federal regulations (approximately half [50%] of the full formula package issued to FFF infants).

3. Some Breastfed (SBF) infants receive formula in excess of the amount allowed for mostly breastfed infants in the federal regulations but are receiving breast milk at least once per day.
4. Fully Formula Fed (FFF) infants receive the full formula package and breastfed less than an average of once every 24 hours.

C. Food Package Assignment

1. For Fully Formula Fed (FFF) infants each CPA Food Package Code (CPA FPC) represents three (3) or more packages – one for each infant age group (0 through three [3] months, four [4] through five [5] months, and six [6] through eleven [11] months). A different amount of formula is allowed for each age group. Infants age four (4) through five (5) months receive slightly more formula than do infants age zero through three (3) months. Infants six (6) through eleven (11) months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia WIC computer systems are automated to progress the infant through these three age groups. The CPA FPCs for FFF infant packages start with an “A.” The computer will issue internal system food packages beginning with an “A” to FFF infants ages zero through three (3) months old, a “B” package to FFF infants ages four (4) through five (5) months old, and a “D” package to FFF infants ages six (6) through eleven (11) months old. However, the CPA FPC assigned by the CPA that began with an “A” and remains unchanged throughout the entire transition from birth through eleven (11) months of age, unless there is a food package change. The WIC computer system will automatically sequence the formula quantities and add the cereal and baby food to the food packages at the appropriate age.

2. Mostly Breastfed (MBF) infants are infants who receive formula from WIC in amounts that do not exceed the maximum allowed for mostly breastfed infants (approximately half [50%] of the full formula package issued to FFF infants).

a. Food Packages

Food packages containing the maximum formula allowed for a MBF infant begin with an “F.” The computer will issue food packages beginning with an “F” to MBF infants ages one (1) month through three (3) months old, a “G” package to MBF infants ages four (4) through five (5) months old, and an “H” package to MBF infants ages six (6) through eleven (11) months old. Food packages for MBF infants needing only one (1) can, two (2) cans or three (3) cans of powder formula per month begin with “E,” “K,” and “J,” respectively. The WIC computer system will automatically add the cereal and baby food to the food packages when the infant is six (6) months old.

Food Package Code Begins With:	Infant Age	Formula Amount
F	1-3 months	Maximum MBF
G	4-5 months	Maximum MBF
H	6-11 months	Maximum MBF
E	0-5 months	1 can powder
K	1-5 months	2 cans powder
J	1-5 months	3 cans powder
L	6-11 months	1 can powder
M	6-11 months	2 cans powder
N	6-11 months	3 cans powder

b. First Month

During the first month of life, the Mostly Breastfed (MBF) infant may not receive more than 104 reconstituted fluid ounces of formula from WIC (approximately one [1] can of powder formula). Formulas that are only available in large powder container sizes (e.g., 22-25.7 oz) cannot be issued to a MBF infant during the first month of life since their reconstituted yield exceeds the maximum allowed. CPAs must verify the formula yield per can prior to issuance of a 999 food package to a MBF infant during the first month of life. Infant formula issuance is limited during this time period to support the successful establishment of breastfeeding.

When an infant’s initial certification is during the first month of life, the CPA will assign the CPA FPC that provides the amount of formula that should be issued after the first month. After entering the CPA FPC for a MBF package in the computer system, a second box will appear for the CPA to enter the FPC for the first month. From zero to twenty (20) days of age this can either be E00 (no formula) or the appropriate FPC for one (1) can of powder formula (i.e., E17 for Gerber Good Start Gentle).

From twenty-one (21) days to one (1) month of age, the CPA is allowed a third choice for the first month’s food package. Since the infant is almost one (1) month old, the CPA can assign the same package as the CPA FPC or the full amount of formula being prescribed after the first month. For example, entering F17 in the second box would provide the maximum formula amount of four (4) cans allowed for ages one (1) to three (3) months. This option is only available at the initial certification.

For additional formula to be issued during the first 30 days of life both mother and baby must be switched to some breastfeeding or fully formula feeding.

3. Some Breastfed (SBF) infants are infants who receive formula from WIC in amounts that exceed the maximum allowed for mostly breastfed infants (approximately half [50%] of the full formula package issued to FFF infants).

a. Some Breastfed Packages

SBF infant packages contain approximately 75% of the full package and begin with a “P”. The computer will issue food packages beginning with a “P” to SBF infants ages zero through three (3) months old, a “Q” package to SBF infants ages four (4) through five (5) months old, and an “I” package to SBF infants ages six (6) through eleven (11) months old. The WIC computer system will automatically add the cereal and baby food to the food packages when the infant is six (6) months old.

b. Maximum Formula Packages

The SBF may also receive the full formula package which starts with an “A.” The computer will issue internal system food packages beginning with an “A” to SBF infants ages 0 through three (3) months old, a “B” package to SBF infants ages four (4) through five (5) months old, and a “D” package to SBF infants ages six (6) through eleven (11) months old. The WIC computer system will automatically sequence the formula quantities and add the cereal and baby food to the food packages at the appropriate age.

4. Exclusively Breastfed (EBF) infants receive no formula from WIC. At six (6) months of age, EBF infants receive infant cereal, infant fruits and vegetables, and infant meats. EBF infant food package codes are E00 and E01. The computer will automatically advance the food package at age six (6) months from E00 to E01.

D. Matching Mother/Baby Packages

“Mother/baby breastfeeding dyad” refers to the process of thinking of a mother and her infant as a unit or pair rather than as two individuals. The mother/baby breastfeeding dyad food packages must agree. For instance, the infant of an Exclusively Breastfeeding Woman (EBF) must be issued an Exclusively Breastfed food package. The table below matches the appropriate infant’s food package to their mother’s food package.

Note: The “Mother/baby breastfeeding dyad” still applies to breastfeeding mothers whose infant has not been released from the hospital.

An infant that has not been released from the hospital, but qualifies as a breastfeeding infant **must** be certified as part of the “Mother/baby breastfeeding dyad”. In most cases **the breastfeeding mother should be certified as “Exclusively Breastfeeding” as no food benefits will be issued to the infant.** Issue the infant CPA Food Package 290 “Infant in Hospital: Mother/baby breastfeeding dyad”. Food package 290 contains a tracking voucher with no formula or food benefits. Formula or food benefits **cannot** be issued to the infant until they have been released from the hospital.

In cases when the infant is expected to stay in the hospital less than one month and the infant is receiving limited breast milk in the nursery, mother’s food package assigned can be based on the amount of breast milk she is providing to the infant in the nursery. For example, if mom is only providing breast milk for one feeding per day, the mother and infant can be certified as Some Breastfeeding. The infant still receives Food Package 290. Voucher code 190 will be voided and replaced with the new food package when the infant is discharged.

The tracking voucher message will encourage the participant to contact the local WIC clinic when the infant is released from the hospital. Upon release WIC staff should evaluate the “Mother/baby breastfeeding dyad” feeding status and update the “Mother/baby breastfeeding dyad” food package as needed. Physical presence for the breastfed infant(s) will be documented as reason (D) Disabilities. For more information on Physical Presence See section XV 19 Certification Section of the Procedures Manual. If the mother discontinues breastfeeding prior to the infant being discharged from the hospital, continue issuing food package 290 to the infant and update the mother’s food package to reflect her new feeding status.

Mother Receives:	Infant Receives:	Federal Terminology:
Exclusively Breastfeeding (EBF) woman food package	Exclusively Breastfed (EBF) food package (receives no formula from WIC)	Fully Breastfed infant and Fully Breastfeeding Woman
Mostly Breastfeeding (MBF) woman food package	Mostly Breastfed (MBF) food package (does not exceed monthly formula allowance for Mostly Breastfed infant)	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that does not exceed the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: a Some Breastfeeding (SBF) woman food package If greater than 6 months postpartum: Some Breastfeeding (SBF) woman food package W80 (with no foods)	Formula in an amount that exceeds the monthly allowance for a Mostly Breastfed infant <u>and breast milk</u>	Partially Breastfed Infant and Partially Breastfeeding Woman where a singleton infant receives formula from the WIC program in amounts that exceeds the maximum allowances for FP I-BF/FF A, B, C or II-BF/FF
If less than 6 months postpartum: Non-Breastfeeding woman food package If greater than 6 months postpartum: mother is no longer WIC eligible	Fully Formula Fed (FFF) food package and breast milk less than once a day	Fully Formula Fed

E. Manual Food Package

When the **Voucher Management and Reporting System (VMARS) is not available**, a manual food package for age or equivalent (i.e., concentrate or powder) should be issued to infants. Manual vouchers are available for Gerber Good Start Gentle for food packages A17, B17, and D17. If a manual food package is not available for the type and/or the amount of formula the infant receives, the food package should be issued on a blank voucher(s). When using blank vouchers for state-created food packages, the CPA FPC, the age-appropriate internal food package code (FPC), and the voucher code (VC) must be listed on the blank voucher. For example, a FFF three (3)-month-old infant on powder Gerber Good Start Soothe would be issued two vouchers with the following codes: CPA FPC A37, FPC A37, and VC L01 and L02.

F. Rounding Infant Age

“First Day to Use” date is the date the WIC participant is first allowed to cash their WIC voucher. When calculating infant’s age to determine which food package to issue when using manual or blank vouchers, issuing from stock or ordering formula from the state office, round as follows:

- If the infant’s age on the “First Day to Use” date for the voucher is 0 to 15 (fifteen) days old, round down to nearest month.
- If the infant’s age on the “First Day to Use” date for the voucher is 16 (sixteen) – 30 (thirty) days old, round up to nearest month.

The WIC computer system will normally make this age determination. The WIC staffs only have to calculate age when the WIC computer system is unavailable.

G. Requests for Additional Formula for Mostly Breastfed (MBF) Infants

To promote breastfeeding, the infant should be issued the smallest amount of formula needed. Additional formula can be issued as long as the infant does not exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants.

At no time should a mostly breastfed infant receive additional formula during the first 30 days of life after the initial certification. To receive more than one can of formula for the first month they must change feeding types to some breastfeeding or fully formula fed.

If the infant's needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used some of her vouchers for that month, use the instructions in Attachment FP-35 to calculate whether a food package change can be made for the current month. The woman's MBF food package W01 cannot be changed to food package W21 during the same month if voucher code W02 or both voucher codes 041 and 040 have already been spent by the mother. The women can be issued any foods allowed in the new food package that she has not already received by cashing a voucher from her old food package. State-created vouchers have been designed for use in converting the Mostly Breastfeeding package (W01) to the Some Breastfeeding or Non-Breastfeeding package (W21). See Attachment FP-35 on how to use voucher codes A34 and W71 to make this transition. If the infant's needs exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants and the mother has used vouchers for that month which would result in her food package not being able to be converted to the new food package, then the food package change for both the infant and mother would be effective the following month.

If the mother has not used any of her vouchers for that month, then the clinic may void the current vouchers for the mother and re-issue the new food package. When reissuing the infant's vouchers take into consideration which, if any, of the infant vouchers have already been cashed. Subtract any formula already issued from the amount being reissued.

H. Physical Form

Local agencies must issue all WIC formulas (infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms. Ready-to-feed WIC formulas may be authorized when the CPA determines and documents that:

1. The participant's household has an unsanitary or restricted water supply or poor refrigeration;
2. The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
3. The formula is only available in a ready-to-feed form.

In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:

4. If the ready-to-feed form better accommodates the participant's medical condition (Food Package III clients only); or
5. If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula (Food Package III clients only).

IV. WOMEN, CHILDREN AND INFANTS WITH QUALIFYING MEDICAL CONDITIONS

Food Package III is reserved for issuance to women, infants and children who have a documented qualifying medical condition(s) that requires the use of a WIC formula (infant formula [children & women only], exempt infant formula or WIC-eligible nutritional) because the use of conventional foods is precluded, restricted, or inadequate to address their special nutritional needs. Medical documentation must meet the requirements described in Section VI of the Food Package (FP) Section.

A. Qualifications for Food Package III Issuance

1. Food Package III requires two components:
 - (a) Diagnosis of one or more qualifying medical conditions *and*
 - (b) The prescription of:
 - (1) An exempt infant formula or nutritional for an infant
or
 - (2) Standard infant formula to an infant greater than six months not receiving infant foods due to a medical condition that prohibits the consumption of infant foods
or
 - (3) A nutritional, infant formula, or an exempt infant formula for a woman or child
2. Qualifying medical conditions must be diagnosed by a health care professional licensed to write medical prescriptions in the State of Georgia. Qualifying medical conditions include, but are not limited to, premature birth, low birth weight, failure to thrive, inborn errors of metabolism and metabolic disorders, gastrointestinal disorders, malabsorption syndromes, immune system disorders, severe food allergies that require an elemental formula, and life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or the utilization of nutrients that could adversely affect the participant's nutrition status. Food Package III may not be issued solely for the purpose of enhancing nutrient intake or managing body weight (e.g., to treat "weight loss" or "poor weight gain").

B. Disqualifications for Food Package III

1. Food Package III is **not** authorized for infants whose only condition is:
 - a. A diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require the use of an exempt infant formula; or
 - b. A non-specific formula or food intolerance.
2. Other participants who do not qualify for Food Package III include:
 - a. Infants receiving non-contract standard infant formulas.
 - b. Children or women diagnosed with a medical condition that does **not** require the use of a formula or nutritional.

C. Food Packages

1. Infant food packages in Food Package III **only** consist of exempt infant formula or nutritional(s) plus infant cereal and infant fruits and vegetables as allowed for age, if appropriate for the medical condition **or** standard infant formula to an infant greater than six months not receiving infant foods due to a medical condition that prohibits the consumption of infant foods. Infant meats are not authorized for issuance in Food Package III since Exclusively Breastfed (EBF) infants by definition do not receive any formula from WIC and therefore could not be receiving exempt infant formula or nutritional(s) as required for Food Package III.
2. Child and woman food packages in Food Package III may consist of infant formula, exempt infant formula, and/or nutritional(s) and any of the foods in the standard children or women packages (cereal, juice, milk, cheese, whole grain bread or alternatives, beans, peanut butter, eggs, and fruits and vegetables). Children and women in Food Package III are also allowed to receive infant cereal, and/or infant foods if appropriate for their medical condition(s).

D. Tailoring

Due to the varying ages and medical conditions, tailoring for Food Package III must be carefully individualized. Georgia WIC *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) allows the health care provider to list the name of the special formula prescribed and indicate which authorized supplemental foods, if any, are **not** allowed due to the participant's medical condition. (See section VIII of this Food Package [FP] Section of the manual for medical documentation procedures.)

E. Food Package Assignment

1. Infant

Each infant CPA Food Package Code (FPC) represents three packages – one for each infant age group (0 through three (3) months, four (4) through five (5) months, and six (6) through eleven (11) months). A different amount of formula is allowed for each age group. Infants four (4) through five (5) months of age receive slightly more formula than the 0 through three (3) month-old infant. Infants six (6) through 11 (eleven) months of age receive less formula, but with the addition of baby cereal and baby food fruits and vegetables. Infant CPA FPCs for exempt infant formulas begin with an “R.” The computer will automatically sequence the infant through the “S” (four [4] through five [5] months) and “T” packages (six [6] through 11 [eleven] months).

Infants ages six (6) through (11) eleven months old who are unable to consume solid foods due to their qualifying medical condition(s) and who are assigned to Food Package III are eligible to receive formula at the higher maximum allowance rate allowed for infants ages four (4) through five (5) months old. If the infant age six (6) through (11) eleven months old is unable to eat any solid foods as indicated on the medical documentation form, the CPA can assign a CPA FPC code beginning with an “S” or “B” so that the infant can receive additional formula in place of the supplemental foods. Although used differently, the internal “S” or “B” food package is identical to the CPA FPC “S” and “B” packages.

The “B” food packages can only be assigned to infants on standard infant formulas not receiving infant foods due to a qualifying medical condition.

Exceptions – there are a few powder exempt infant formulas that do not follow the standard sequencing described in the preceding paragraphs. The state-created food packages for powder Similac Expert Care Alimentum, PurAmino, Similac PM 60/40 and Pregestimil have special sequencing patterns to avoid over or under issuance. (See Attachment FP-36 to view the sequencing patterns for these formulas.)

2. Women and Children

The food package codes for special formulas for women and children begin with an “X” or “Z.” When the CPA assigns a special formula package beginning with an “X” or “Z,” a second food package field will be enabled in the computer system to allow the CPA to enter a food package for the appropriate supplemental foods based on the medical documentation provided. The food package could be a child or woman’s state-created food package or a 999 food package if none of the state-created food packages meet the WIC-eligible nutritional prescription. The special formula food package (food package beginning with an “X” or “Z”)

must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the “X” or “Z” package, enter “000” in the second food package field to indicate that supplemental foods do not need to be issued.

If none of the state-created formula food packages meet the prescription needs of the participant, a 999 food package can be assigned in the first box to allow the CPA to design an individualized package.

F. Manual Food Package

There is no standard manual food package for Food Package III. Each package is tailored to meet the participant’s needs. If manual vouchers are needed, use blank vouchers.

G. WIC Foods

1. Children may receive any infant formula, pediatric formula or nutritional on the Georgia WIC-approved formula list. Women may receive any adult formula or nutritional on the Georgia WIC-approved formula list. (See Attachment FP-37 or visit Georgia WIC website at www.WIC.GA.GOV (Select “WIC Infant Formula Resources”).
2. The maximum amount of formula or nutritional allowed is based on reconstituted fluid ounces of the product. To determine the maximum number of containers allowed, see Attachments FP-26 – FP-29 and FP-31. If the product does not have standard mixing instructions (e.g., many metabolic formulas), then the formula should be issued by weight (See Attachments FP-26, FP-27, FP-31.) If the prescribed product reconstitutes to an amount not listed or if the container size (if calculating by weight) is not on the tables, then call the Nutrition Unit for assistance.
3. Infants receive the maximum amount of formula allowed for age regardless of the amount the physician requests on the medical documentation form. Their needs are constantly changing, and we do not require new medical documentation for each change.
4. Children and women receive only the amount of formula prescribed for them. The number of containers may be rounded up as long as the federal maximum of 910 fluid ounces is not exceeded.

5. Women and children may receive up to the maximum quantities allowed for their WIC category of the juice, milk, cereal, eggs, fruits and vegetables, whole wheat bread or alternative, peanut butter and beans/peas as prescribed by their health provider on the Medical Documentation Form (Form #1). No supplemental foods may be issued to a Food Package III participant without appropriate medical documentation. (See maximum food quantities for children on Attachment FP-32 and women on Attachment FP-33.)

Cereal: Infant cereal may be issued in place of adult cereals to children or women in Food Package III, if appropriate. Up to 32 ounces of infant cereal may be substituted for the 36 ounces of adult cereal for a woman or child in Food Package III if deemed appropriate by either the prescribing health care provider or by the CPA.

Infant Fruits and Vegetables: Jars of infant food fruits and vegetables can be issued to women or children whose special dietary needs require the use of pureed food receiving Food Package III in lieu of the cash value produce voucher. Children can receive 128 ounces of infant fruit/vegetables in place of the \$8 cash value voucher. Women may receive 160 ounces in place of the \$11 cash value voucher.

For a Food Package III participant, if the prescribing authority requests whole milk on the medical documentation form (Form #1 only), whole milk may be issued to women and children over age two (2) years in Food Package III.

H. Responsibilities

Due to the nature of the health conditions of participants who are issued supplemental foods that require medical documentation, close medical supervision is essential for each participant's nutritional management. Per federal regulations, this responsibility remains with the participant's health care provider for this medical oversight and instruction. This responsibility cannot be assumed by personnel at the WIC State or local agency. It is the responsibility of the local WIC agency to ensure that only the amounts and types of supplemental foods prescribed by the participant's health care provider, are issued in the participant's food package. **Except for infants, they are always allowed the maximum amount of formula regardless of the amount prescribed by the provider.** CPAs should provide high risk counseling according to WIC procedures.

Medical documentation and/or prescriptions signed by dietitians cannot be accepted. Dietitians do not have prescriptive authority as outlined in the laws of the State of Georgia. However, a Registered or Licensed Dietitian or CPA may:

- a. Recommend to a physician, certified nurse practitioner, or physician assistant a suitable alternative formula, or

- b. Refer a participant to a physician, certified nurse practitioner, or physician assistant for evaluation.

I. Maximum Amounts:

(See Attachment FP-31 for maximum amounts of formula authorized for women and children.) The maximum amounts of formula, cereal, and infant food fruits and vegetables authorized for infants is the same as infants in Food Packages I and II. (See Attachments FP-26 to FP-28.) The maximum amount of supplemental foods for women and children is the same as the amounts they would have received had they not qualified for Food Package III. (See Attachments FP-32 to FP-33.)

V. CHILDREN AGES 1 through 4 YEARS

Food Package IV is for children 1 through 4 years of age. This food group consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, and beans/peas or peanut butter.

A. Tailoring

It is federally mandated that a food package be prescribed that provides the maximum monthly allowance of supplemental foods. This applies even when there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as lactose reduced milk, goat's milk, soy milk or tofu. This determination should be based on assessment of the individual. The health care provider should be contacted when needed. Examples of times when it would be appropriate to issue soy milk or tofu include milk allergy, lactose intolerance, and vegan diet. In the case of lactose intolerance, lactose-free milk is preferred to soy milk. If a soy milk or tofu package is assigned, the CPA must document the reason for assigning this package.

B. Food Package Assignment

The food packages for children ages one (1) to five (5) years old are listed in Attachments FP-17 and FP-18. Food package codes for children ages 12 through 23 months are C01 – C13 and ages two (2) through five (5) years old are C21 – C34. Refer to Attachments FP-32 for the maximum amounts of each food item allowed per month.

Children ages 24 months and older in Food Package IV are required by federal regulations to be issued only low-fat milk (1% or non-fat). Younger children (ages 12 through 23 months old) are only authorized to receive whole milk from WIC. The computer system will automatically transition a child from the whole milk food package to the low-fat milk food package on the first set of vouchers printed with a "First Day to Use" date on or after the child is age 23 months, 16 days old.

C. Manual Food Package

When the Voucher Management and Reporting System (VMARS) is not available, a manual food package should be issued. If a manual food package is not available for the food package the child receives, then the food package should be issued using blank vouchers.

Manual vouchers are available for these standard food packages for children: C01 for children ages 12 through 23 months and C28 for children 2 through 5 years old.

D. WIC Foods

1. Juice: Children will be issued single strength juice in 64 oz bottles.
2. Milk: Children greater than 23 months 15 days of age will have a choice between three standard food packages – C21 (with 1 pound of cheese and dry/evaporated milk), C28 (with all milk and no cheese), or C34 (with 1 pound of cheese substituted for part of the milk but without dry milk). Participants who prefer evaporated milk can be issued the state created evaporated milk food package C12 (12-23 months) or C32 (2 through 5 years).

The standard package for children 12 through 23 months of age contains whole milk and no cheese. A 999 food package can be used to issue cheese to this age group.

Children ages 24 months and older will receive low-fat milk. Prescriptions for whole milk cannot be accepted *for any reason* for children ages 24 months or older receiving Food Package IV. (Note: Only children ages 24 months or older receiving a formula or nutritional due to a qualifying medical condition [in Food Package III] can be issued whole milk and when medical documentation provided requests whole milk.)

3. Cheese: The standard food package for children 12 through 23 months old does not include cheese. However, a 999 food package containing cheese can be created for children in this age range.

For children 2 through 5 years of age, the CPA may assign a food package with cheese substituted for a portion of the milk allowance.

4. Fruits and Vegetables: The fruit and vegetable voucher cannot be prorated. If a participant is eligible to receive any voucher for the month, the participant must be issued the \$8 fruit and vegetable voucher.
5. Peanut Butter: The food packages for children ages 12 through 23 months old do not contain peanut butter because of the risk of choking.
6. Cereal: Infant cereal **cannot** be issued to children ages 1 through 5 years in Food Package IV. Only children with qualifying medical conditions who are receiving formulas or nutritionals in Food Package III are eligible to receive infant cereal in place of adult cereal.
7. Jars of infant food fruits and vegetables **cannot** be issued to children on food package IV.
8. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Food List (Attachment FP-47).

E. Milk Alternatives

For children up to four quarts of milk may be substituted with cheese or calcium-set tofu.

Cheese: Cheese may be substituted for milk at the rate of 1 pound of cheese per 3 quarts of milk. A maximum of 1 pound of cheese can be substituted for milk per month.

Soy Milk: Soy milk may be substituted for cow's milk at the rate of 1 quart of soy milk for 1 quart of cow's milk, up to the total maximum monthly allowance of milk (16 quarts).

Tofu: Calcium-set tofu may be substituted for milk at the rate of 1 pound of tofu per 1 quart of milk, up to a maximum of 4 pounds of tofu per month.

F. Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

VI. WOMEN

Women participating in WIC and who do not have a medical condition qualifying them for Food Package III are categorized into three Federal Food Packages: V, VI, and VII. Each Federal Food Package consists of different quantities of supplemental foods, different allowed supplement foods, and/or different eligibility periods and requirements.

A. Food Package V

Food Package V is for two categories of women:

1. Women with a singleton pregnancy (“Prenatal”)
2. Women who are mostly breastfeeding up to one year postpartum (“Mostly Breastfeeding Women”) and whose Mostly Breastfed (MBF) infants receive formula from Georgia WIC in amounts that do not exceed the maximum allowances for Mostly Breastfed infants.

Food Package V consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas and peanut butter.

B. Food Package VI

Food Package VI is for two categories of women:

1. Women up to six months postpartum who are not breastfeeding their infants (“Non-Breastfeeding/Fully Formula Feeding Women”). At six months postpartum, the non-breastfeeding postpartum women are no longer eligible for WIC.
2. Breastfeeding women (“Some Breastfeeding”) accepting formula for their infants in amounts that exceed the maximum monthly allowance for Mostly Breastfed (MBF) infants. At six months postpartum, the breastfeeding women in Food Package VI will no longer be issued supplemental foods in their food package (CPA FPC W80) but do remain eligible for WIC. Such women may remain on WIC as breastfeeding participants and receive nutrition education and breastfeeding support (up until they discontinue breastfeeding or their infants reach age 12 months, whichever happens first).

Food Package VI consists of milk, cheese, cereal, juice, eggs, fruits and/or vegetables, beans/peas or peanut butter. Refer to Attachment FP-33 for the authorized foods and the maximum amounts allowed per month for women.

C. Food Package VII

Food Package VII is for five categories of women:

1. Breastfeeding women up to one year postpartum whose infants do not receive any formula or nutritionals from WIC (“Exclusively Breastfeeding Women”). These women are assumed to be exclusively breastfeeding their infants.
2. Women who are pregnant with two or more fetuses (“Prenatal with Multiples”).

3. Women who are mostly breastfeeding multiple infants (“Mostly Breastfeeding Multiples”) from the same pregnancy.
4. Women who are pregnant and are exclusively or mostly breastfeeding an infant less than twelve months old.
5. Food Package VII also includes a “super” food package for women exclusively breastfeeding multiple infants (“Exclusively Breastfeeding Multiples”) from the same pregnancy. None of the infants of a woman in this classification can receive any formula or nutritionals from WIC in order for the woman to qualify for this “super” food package. This package contains 1.5 times the amount of foods in the standard Food Package VII. Each of these “super” food packages consists of two monthly packages that are issued in alternating months. The rotation is done automatically by the computer system.

Food Package VII consists of milk, cheese, cereal, juice, eggs, whole grain bread or alternative, fruits and/or vegetables, beans/peas, peanut butter and fish. Refer to Attachment FP-33 for the authorized foods and the maximum amounts allowed per month for women.

D. Tailoring

It is federally mandated that the maximum monthly allowance be prescribed. This applies even where there are two (2) or more family members participating on WIC.

The CPA can assign a standard package or a package with an alternative dairy option such as goat milk, tofu, or soy milk. This determination should be based on assessment of the individual. Examples of times when it would be appropriate to issue soy milk or tofu include milk allergy, lactose intolerance, and vegan diet. In the case of lactose intolerance, lactose-free milk is preferred to soy milk.

E. Food Package Assignment

The food packages for women are listed on Attachments FP-13 to FP-16. The Food Package Codes (FPCs) for Prenatal and Mostly Breastfeeding Women are W00 – W14. The FPCs for Postpartum Non-Breastfeeding/Fully Formula Feeding and Some Breastfeeding Women are W20 – W34 plus W80 for Some Breastfeeding women greater than 6 months postpartum. The FPCs for Exclusively Breastfeeding Women are W40 – W79.

If at any time the mother requests an additional amount of formula, the CPA should reassess the mother/baby pair to determine what changes need to be made to both the mother’s and the infant’s food package and feeding type. CPAs must change both the food package of the mother and infant(s) to reflect any

changes in their joint status; for example, transitioning from Exclusively Breastfeeding to Mostly Breastfeeding or from Mostly Breastfeeding to Some Breastfeeding. Refer to Attachment FP-33 for the authorized foods and the maximum amounts allowed per month for women.

F. Manual Food Package

When The Voucher Management and Reporting System (VMARS) is not available, a manual food package should be issued. If a manual food package is not available for the food package the woman receives, then a food package should be issued using blank vouchers.

The standard manual food package for Prenatal and Mostly Breastfeeding Women is W08. For Non-Breastfeeding/Fully Formula Feeding Women and Some Breastfeeding Women the standard food package is W28. It is W41 for Exclusively Breastfeeding Women.

G. WIC Foods

1. Juice

Women have a choice of three forms of juice – frozen concentrate, pourable concentrate, or 48 oz containers of single strength juice.

2. Milk

Only low-fat milk (1% or non-fat) is allowed for women. Women in Food Package V or VI have a choice of three standard packages – two with cheese and one without cheese.

Participants who prefer evaporated milk can be issued the state created evaporated milk food packages.

The standard food package for women in Food Package VII contains cheese.

3. Fish

Women receiving Food Package VII receive 30 ounces of fish (tuna or salmon). Women in Food Package V or VI are not authorized to receive fish.

4. Beans/Peas and Peanut Butter

Canned beans/peas may be substituted for dried beans/peas at the rate of 64 oz. of canned for one (1) pound of dried beans/peas. Issuance of

additional combinations of dried or canned beans/peas and peanut butter is authorized as listed below:

- (a) 1 pound of dried plus 64 oz. of canned beans/peas (and no peanut butter)
 - (b) 2 pounds of dried beans/peas (and no peanut butter)
 - (c) 128 oz. of canned beans/peas (and no peanut butter)
 - (d) 2 containers (16-18 oz. each) of peanut butter (and no beans/peas)
6. Fruits and Vegetables: The fruit and vegetable voucher cannot be counted when prorating vouchers. If the participant receives any voucher for the month, she must receive the fruit and vegetable voucher.
 7. Cereal: Infant cereal **cannot** be issued to women in Food Packages V, VI, or VII. Only women with qualifying medical conditions who are receiving formulas or nutritionals in Food Package III are eligible to receive infant cereal in place of adult cereal.
 8. Jars of infant food fruits and vegetables cannot be issued to women receiving food package V, VI or VII.
 9. Other WIC Foods: For information on package sizes and restrictions see Georgia WIC-Approved Foods List (Attachment FP-47).

H. Milk Alternatives

For women, cheese or calcium-set tofu may be substituted for milk as described below.

Cheese: Cheese may be substituted for milk at the rate of one (1) pound of cheese for 3 quarts of milk. A maximum of one (1) pound of cheese may be substituted in this manner for Food Packages V and VI. No more than a total of two (2) pounds of cheese may be issued instead of milk for Food Package VII recipients.

Soy Milk: Soy milk may be substituted for milk at the rate of 1 quart of soy milk for 1 quart of milk up to the total maximum monthly allowance of milk. Please note, soy-based beverages are not recommended for women with breast cancer.

Tofu: Calcium-set tofu may be substituted for milk at a rate of one (1) pound of tofu for 1 quart of milk. A maximum of four (4) pounds of tofu may be substituted in this manner for Food Packages IV, V, VI. No more than a total of six (6) pounds of tofu may be issued instead of milk for food package VII recipients.

I. Additional Documentation

CPAs must thoroughly document any situation in which less than the full maximum allotment of a supplemental food is issued to a participant (e.g., at the participant's request, due to a food allergy, etc.).

VII. HOMELESSNESS, MIGRANCY, AND DISASTER SITUATIONS**A. Alternative Food Package Assignment**

Local agencies have the option to convert participants to an alternative food package under the following circumstances:

1. A participant lacks a fixed and regular nighttime residence.
2. A participant's primary nighttime residence is:
 - a. A publicly or privately operated shelter designed to provide temporary living accommodations.
 - b. A temporary accommodation in the residence of another individual.
 - c. A public or private place not designed for or ordinarily used as a regular sleeping accommodation.
3. A participant's primary residence lacks refrigeration and/or contains a contaminated or limited water supply.
4. In disaster situations such as floods, tornadoes, etc., that temporarily displace participants from their normal residences or that result in an unsafe water supply.

B. Food Package Assignment

The CPA must reevaluate and assign appropriate food packages when the participant locates a permanent residence with adequate refrigeration and/or a safe water supply.

C. Manual Food Package

When The Voucher Management and Reporting System (VMARS) is not available, a manual food package should be issued when possible. If a manual

food package is not available that will meet the participant's needs, then a food package should be issued using blank manual voucher(s).

D. Assignment of Food Package Codes

1. Infants

- a. Alternative food packages for infants consist of 8.45 oz containers of ready-to-feed formula which are issued in four (4) packs.

- (1) Contract milk-based formula: CPA FPC is A19.

- (2) Contract soy-based formula: CPA FPC is A29.

- b. Each infant CPA Food Package Code (FPC) represents three packages - one for each infant age group (0 through 3 months, 4 through 5 months, and 6 through 11 months.) A different amount of formula is allowed for each age group. Infants 4 through 5 months receive slightly more formula than do the infants 0 through 3 months old. Infants 6 through 11 months old receive less formula and the addition of baby cereal and infant food fruits and vegetables.

Georgia computer systems are automated to progress the infant through these three age groups. The CPA FPCs for Fully Formula Fed (FFF) infant packages start with an "A." The computer will issue internal food packages beginning with a "B" to infants ages 4 through 5 months, and packages beginning with "D" to infants ages 6 through 11 months. For maximum amounts see Attachment FP-28 for infant food and Attachment FP-34 for alternative formula.

2. Children 1 to 5 Years

Alternative food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative and canned beans or peanut butter. The food package codes for children's alternative packages are C10 and C30. For maximum amounts see Attachment FP-32.

3. Pregnant and Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, and 100% vitamin C fortified juice, fruits and vegetables, whole grain bread or alternative, canned beans and/or peanut butter. Food package W10 may be assigned to pregnant and Mostly Breastfeeding women. The alternative package for Exclusively Breastfeeding women is W50. For maximum amounts see Attachment FP-33.

4. Non-Breastfeeding/Some Breastfeeding Women

Food packages for this group consist of ultra high temperature (UHT) milk, iron fortified cereal, 100% vitamin C fortified juice, fruits and vegetables, canned beans and/or peanut butter. The alternative package for women Breastfeeding Some (SBF) and Non-Breastfeeding women is W30. For Maximum amounts see Attachment FP-33.

VIII. MEDICAL DOCUMENTATION

No WIC-eligible nutritionals, formulas requiring a prescription or supplemental foods (for clients in Food Package III) may be issued to a participant without appropriate medical documentation, as outlined below. **Participants with expired medical documentation cannot receive a Food Package III food package until new medical documentation is obtained.**

WIC-approved formulas designed for enteral feeding (i.e., tube feeding) may be authorized. However, WIC does not authorize distribution of formulas designed for parenteral (i.e., intravenous) infusion. All apparatus, equipment, or devices (e.g., enteral feeding tubes, bags and pumps) designed to administer WIC formulas are not allowable WIC costs.

A. Situations Requiring Medical Documentation

1. Infants:

- a) Issuance of Georgia WIC-approved non-contract brand infant formula.
- b) Issuance of any Georgia WIC-approved exempt infant formula or nutritional.

2. Children:

- a) Issuance of any Georgia WIC-approved infant formula, exempt infant formula, or nutritional.

3. Women:

- a) Issuance of any Georgia WIC-approved formula, exempt formula, or nutritional.

B. Acceptable & Unacceptable Forms of Documentation

1. Clinics may accept medical documentation in the form of an original written document, an electronic document, or medical documentation received by facsimile or telephone. Verbal orders received by telephone to a CPA must be followed with written documentation (original, electronic, or faxed) within two (2) weeks of the original verbal order. Please refer to Section D below for verbal order procedures.

2. Medical documentation must be written on a physician's prescription pad, private medical office letterhead, District/County letterhead, or on the Georgia WIC form #1 described below.
3. Clinics are encouraged to promote the use of the Georgia WIC medical documentation form to reduce the likelihood of missing information when other forms are used. It is not mandatory for the health care providers to use Georgia WIC medical documentation form, but other forms described in #2 above must contain all of the required information described in this section. Georgia WIC medical documentation forms are:
 - a) *Medical Documentation Form for WIC Special Formula and Approved WIC Foods (Form #1)*. This form is for prescribing formulas and nutritionals. Please refer to Attachments FP-42 and FP-43 for a copy of the form and complete instructions on form use.
 - b) *Referral Form (Form #2)*. This form is for providing referral data and requesting breastfeeding support. Please refer to Attachments FP-44 and FP-45 for a copy of the form and complete instructions on form use.
4. Georgia WIC clinics may not accept the following forms:
 - a) Prescription forms or prescription pads which are pre-printed or pre-stamped with a formula requiring a prescription.
 - b) Forms or prescription pads containing formula advertising.
 - c) Prescription pads or forms that include a pre-printed list of formulas from which the healthcare provider is expected to choose are not allowed. For example, a prescription form that lists ten (10) common special formulas and one (1) blank "other" formula option with a check box next to each is unacceptable. The prescription pad or form must not contain any pre-printed or "suggested" formulas.

C. Required Medical Documentation Components

1. The complete brand name of the authorized WIC formula prescribed and the amount of formula needed per day in reconstituted fluid ounces.
2. The authorized supplemental food(s) appropriate for the qualifying medical condition(s) and any restrictions. This section (Section 3 of Medical Documentation Form #1) must be completed before supplemental foods are issued to women, infants, and children. Only the foods prescribed on the MDF should be issued.
3. The length of time the prescribed WIC formula is required by the participant.
4. The qualifying medical condition(s) requiring the issuance of the authorized WIC formula.

5. The original signature, date, and contact information of the authorized prescribing health care provider.
 - a) Medical documentation must contain the original signature of a health care professional licensed by the State of Georgia to write prescriptions in accordance with state laws. Stamped, electronic, or pre-printed signatures will not be accepted. Medical documentation for Georgia WIC may **only** be signed by the following authorized healthcare providers:
 - Physicians (e.g., MD, DO)
 - Nurse Practitioners (e.g., APRN, NP, CPNP, CNP, PNP, CNNP, FNP)
 - Physician Assistants (e.g., PA, PA-C)
 - b) Prescriptions signed by any other health professionals **cannot** be accepted. Registered Dietitians (RDs), including those with advanced certifications such as certified nutrition support dietitians (CNSDs) and dietitians who are board certified specialists in pediatric nutrition (e.g., CSPs), cannot sign prescriptions for WIC. Although such dietitians are experts in their respective areas of specialization, they do not have prescriptive authority in the State of Georgia and therefore cannot sign prescriptions for use in Georgia WIC as outlined by Federal regulations.

D. Verbal Orders

1. For Participants Without Any Medical Documentation (Verbal Order)
 - a) Written medical documentation or a verbal order from an authorized healthcare provider is required prior to food package assignment by the WIC CPA.
 - b) Verbal orders must only be received and documented by a CPA.
 - c) The CPA must promptly document the verbal order. Document the details of the verbal order in the participant's paper or electronic WIC record (including all medical documentation components required in Section C above) and sign/date the information. The complete name and credentials (e.g., MD or NP) of the authorized prescribing health care provider is to be recorded in place of his/her original signature.
 - d) Written medical documentation of the verbal order **must** be requested from the health care provider and **must** be received within two (2) weeks of the initial verbal order.

- e) Only one (1) month of vouchers may be issued to a participant when a verbal order is received. Do not issue a second month of vouchers until the written documentation is received by the clinic. Medical documentation must be written and may be provided as an original written document, an electronic document, or by facsimile.
 - f) All medical documentation must be kept on file at the local clinic.
2. For Participants With Incomplete Medical Documentation (Verbal Clarification)
- a) Verbal clarification orders also may be accepted by a CPA to complete missing or incomplete information on Form #1. For example:
 - 1. To clarify a diagnosis and/or ICD-9 code.
 - 2. To clarify the full formula product name (e.g., did “Neocate” mean Neocate Infant DHA + ARA, or Neocate Junior?)
 - 3. A missing “planned length of use”
 - 4. Incorrectly documented amount of formula prescribed per day (e.g., prescribed amount was written as the number of cans required per day instead of the number of reconstituted fluid ounces required per day)
 - b) The CPA must document the missing information on the form, initial and date *each* change, and record the name and credentials of the physician, physician assistant, nurse practitioner, or **other medical personnel** (relaying the information on behalf of the provider) who gave the verbal clarification by *each* change. A new medical documentation form does not need to be completed.
 - 1. If extensive information is missing or if any information needs to be corrected or revised, the health care provider must complete a new form.
 - 2. If the health care provider’s signature is missing, was completed using a “signature stamp,” or if the form was signed by an unauthorized provider, a new form must be completed.
 - 3. This process cannot be used in place of the “verbal order” procedures outlined above for use when no medical documentation exists (i.e., instead of getting written medical documentation from a health care provider). This process must only be used to add minor missing information to an existing form.

- c) A participant may be issued the full set of vouchers once the missing/incomplete information is obtained and fully documented by the CPA.

E. Frequency and Records

1. Current medical documentation is required, at least every six (6) months, with any change in the order, and at every recertification/sub-certification/mid-certification* and at WIC type changes when a certification is not completed, for the prescription of special formulas and nutritionals on Form #1.

*Note: If the medical documentation on file was signed and dated by the health care provider more than 30 (thirty) days prior to the date of the recertification / sub-certification / mid-certification, then new medical documentation must be provided by the client.

2. Current medical documentation is defined as medical documentation that was signed and dated by the health care provider less than or equal to 30 (thirty) days of being processed by the WIC staff (i.e., within the past 30 [thirty] days prior to certification or food package change).
3. All medical documentation must be kept on file at the local clinic.

F. Issuance of Ready-To-Feed Products

Local agencies must issue all WIC formulas (all infant formula, exempt infant formula and WIC-eligible nutritionals) in concentrated liquid or powder physical forms. Ready-to-feed WIC products may be authorized when the CPA determines and documents that:

1. The participant's household has an unsanitary or restricted water supply or poor refrigeration;
2. The person caring for the participant may have difficulty in correctly diluting concentrated or powder forms; or
3. The formula is only available in a ready-to-feed form.
4. In addition, participants with qualifying medical conditions who are assigned to Food Package III can also be issued ready-to-feed formulas for the additional reasons below:
 - If the ready-to-feed form better accommodates the participant's medical condition or
 - If the ready-to-feed form improves the participant's compliance in consuming the prescribed formula.

Use of either of these two additional reasons must be clearly documented by the CPA in the participant's paper or electronic WIC record. These two reasons are only applicable for participants who have medical documentation on Form #1 *and* who meet the below criteria:

- a) Infants must be prescribed an exempt infant formula, or nutritional on Form #1. Infants who are receiving a standard, non-contract infant formula requiring a prescription are not eligible to receive ready-to-feed products for the above two additional reasons. An example of an ineligible product, unless in a food package III, is Enfamil A.R.
- b) Children or women may be prescribed any infant formula, exempt infant formula, or nutritional on Form #1 to qualify for the two (2) additional ready-to-feed options.

G. Medical Diagnoses

1. Non-specific, general medical diagnoses are not sufficient for the purpose of WIC prescriptions. The below list of unacceptable diagnoses is not all-inclusive. WIC clients with prescriptions containing the below diagnoses may need additional documentation or a more specific diagnosis. Please contact the prescribing health care professional for a more specific, updated prescription. If a prescription includes more than one diagnosis (including one of those listed below), the other listed diagnosis(es) may be sufficient for approval. CPAs should use their professional judgment or contact their Nutrition Manager for guidance. The below diagnoses are not permitted for use as the **sole diagnosis** on WIC prescriptions:

- “Milk intolerance” or “formula intolerance” (e.g., sometimes ICD-9 code 579.8 is used)
- “Severe milk allergy” or “milk allergy”
- “Multiple food allergies”
- “Feeding difficulties” or “feeding problems” (e.g., 783.3, 779.3)
- “Colic,” “fussiness,” “constipation,” “gas,” or “cramps” (e.g., 787.3, 789.0, 780.91, 780.92)
- “Spitting up”
- “Digestive disturbances”
- “Picky eater,” “poor appetite,” or “inadequate/poor intake”

Insufficient Diagnosis	Sample Acceptable Alternative Diagnosis/Diagnoses
“783.3” when used alone	“Feeding problems (783.3) with supporting information such as NG-tube
“Feeding problems”	“Oral-motor feeding disorder 783.40”
“Spitting up”	“GERD/reflux 530.81”
“Formula intolerance”	“Cow’s milk protein allergy” or “malabsorption syndrome NOS” (e.g., 558.3, 579.8, 579.9, 693.1)

2. The following diagnoses require an **underlying medical condition** be present and documented:
- a) “Underweight” or “inadequate/poor weight gain”
 - b) “Feeding disorder”

- c) “Inadequate/poor growth”

Georgia WIC cannot accept these diagnoses alone – a more specific, primary medical condition must be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure-to-Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).

3. Medical diagnoses must be consistent with the participant’s anthropometric data (e.g., length/height, weight, BMI). CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
 - a) A diagnosis of “Failure to Thrive/FTT” for a child whose BMI is at the 75th percentile or above should be questioned.
 - b) A diagnosis of “Food Aversion” for a child whose BMI is above the 50th percentile and whose caregiver reports that the child eats chips, candy, junk food, and sweets all day but refuses healthier foods should be questioned.
 - c) A diagnosis of “Food Aversion” for a child whose BMI is below the 25th percentile and who is receiving therapy (e.g., speech, physical, or occupational therapy) need not be questioned.
4. Medical diagnoses must be consistent with the formula or nutritional prescribed. CPAs should use their professional judgment and, if needed, seek additional guidance from their Nutrition Managers or Nutrition Services Directors. For example:
 - a) “Lactose intolerance” should not be accepted as a diagnosis if the product prescribed contains lactose.
 - b) A diagnosis of “GERD” is not an appropriate diagnosis for the issuance of PediaSure or Boost Kid Essentials.
 - c) “Milk protein allergy” is not an appropriate diagnosis for the issuance of a milk-based formula or nutritional.
5. A “suspected” diagnosis is allowable as long as it still meets the other diagnostic criteria (e.g., “suspected milk protein allergy”).
6. See Attachments FP-43 and FP-45 for Medical Documentation Form (Form 1) and Referral Form (Form 2).

IX. FORMULA DISTRIBUTION/TRACKING GUIDELINES

Local agency procedures for tracking formula returned to the clinic for various reasons and tracking formula received and distributed related to special formula ordered through the Nutrition Unit (see Attachment FP-48).

A. Reasons to Issue Formula

See the *Formula Distribution / Tracking Guidelines* table below for guidance on allowable and non-allowable reasons for issuing formula.

Formula Distribution / Tracking Guidelines (Returned Formula)	
Allowable reasons to issue Formula:	Non-allowable reasons to issue Formula:
<ul style="list-style-type: none"> • Trading formula - trade of returned formula for formula in stock. (based on reconstituted ounces). Issuance may include a combination of vouchers and formula. • Food Package Change • Error in purchase • Damaged Formula • Clinic error with appointment given • Adjusting pick up code for family • Disaster situations: Fire, flood etc. • Partial or full issuance as Food Package 	<ul style="list-style-type: none"> • Pre-certification issuance of formula to last until scheduled appointment • Client missed recertification appointment • For client to try out another formula to determine if it is better tolerated • Participant reporting lost or stolen vouchers • Client running out of formula • Distribution to non-WIC clients
<p>*Document returned formula on the Formula Tracking Log (Attachment FP-48). All formula must be accounted for when issued to a client or destroyed.</p>	

C. Maximum Amount to be Issued

Not to exceed the maximum monthly amounts authorized for the participant category in question.

D. Documentation

Documentation of issuance must be written on the Formula Tracking Log (Attachment FP-48). When applicable, also document issuance in the client's health record.

1. Formula Tracking Log: Formula issued to a WIC client or destroyed must be documented on the Formula Tracking Log (Attachment FP-48).
2. WIC client's health record: If a detailed medical explanation is needed (i.e., transition from one formula to another), document the quantity of formula issued, type of formula, reason for issuance and signature of individual issuing the formula.

D. Disposal of Expired and Damaged Formula

Formula and medical foods kept in clinic stock should be discarded 30 days prior to the printed expiration date. It is not appropriate to issue participants formula that will expire prior to the "Last Day to Use" date printed on their vouchers. It is also inappropriate to issue participants formula that is opened or damaged.

All formula that is determined to be damaged is to be discarded immediately. Formula is considered damaged when:

- The container appears swollen or has a bulged end or lid
- The container shows visible evidence of leakage
- The container is crushed out of shape to the extent that they will not fit in a case, stack on a shelf or cannot be opened with a manual can opener
- The container is dented or has pinched tops or bottoms
- The container has rust spots

To properly dispose of expired and damaged formula it is necessary to completely empty the contents of the formula container prior to throwing it away. For example, concentrate or ready to feed formula should be poured into a sink before the formula carton is placed in the trash. Document expired formula that was disposed of on the Formula Tracking Log.

E. Staff Responsibility

It is the responsibility of a CPA to complete all duties related to the Formula Tracking Log. These duties including formula documentation; acceptance, issuance, and destruction of formula; signing the Formula Tracking Log for each transaction completed; ensuring that formula on hand is not expired or damaged; calculating the correct quantity of formula for exchanges based on the fluid ounces of formula returned (as both formula containers returned & formula on returned vouchers); and conducting quarterly inventories."

X. NUTRITION UNIT SPECIAL FORMULA ORDERS

Specialized medical formulas and nutritionals that are not available through local authorized vendors may be ordered through the State WIC Office Nutrition Unit.

A. Ordering

When ordering special formulas through the Nutrition Unit the “Special Formula Order Form” (Attachment FP-39) must be used. A fillable version of the “Special Formula Order Form” is available on the Georgia WIC website listed below. The fillable order form can be completed online, saved, printed, signed, and then faxed to the Nutrition Unit (404-657-2886) along with the client’s medical documentation. WIC clinics may also send special formula orders to the Nutrition Unit by encrypted email attachment.

Notifying Nutrition Unit staff by phone or email of the in-coming fax is recommended. Web resources for ordering special formulas are available in the Formula Resources section of the District Resources web page.

B. Amount to Order

When completing the “Special Formula Order Form,” Districts/clinics must specify in #29 for a new order or #35 for a repeat order, the **exact** number of cans/containers of special formula needed for that client for that issue month. To help determine the number of cans needed, districts/clinics must also fill out the prescribed amount of formula, the number of cans allowed for the participant based on the common formula maximum table and the number of cans on hand. When necessary, the Nutrition Unit will convert the number of cans/containers to case quantities for the order. ***Please do not simply write “max allowed,” “9 cases,” or enter the same quantity of formula each month (e.g., “10 cans”).***

For **infant** participants, enter the infant’s age on the “Special Formula Order Form” as of the “First Day to Use” date on the vouchers for the current issuance month. The infant’s age must be documented in months and days to ensure that the correct amount of formula is being requested based on the infant’s age. For child and women participants you need not calculate the age.

Remember to use the correct charts to determine maximum formula allowed if you are ordering formula for an infant who is also being breastfed.

C. Frequency

The Nutrition Unit only accepts orders for a one-month supply of any special formula(s) at a time for a participant. Please do not submit requests for multiple months’ worth of formula on one order form or submit several orders covering several months at one time. Many participants on special formulas frequently change formulas and/or food packages.

D. Rush Orders

Districts/clinics should complete and submit the “Special Formula Order Form” each month for each client allowing for realistic shipping time. Depending on the availability of the product, orders can be shipped overnight, if necessary, for new clients. However, ongoing orders for existing special formula clients should be

submitted at least seven (7) to ten (10) business days prior to the date the formula is needed for pick-up by the client to ensure sufficient processing time. Special formula orders should not routinely be requested for “rush” delivery due to the additional fees often charged for expedited delivery. All efforts will be made by state staff to ensure timely delivery of special formula for WIC clients. However, since WIC is a supplemental program, caregivers may need to purchase some formula in the interim. Under routine circumstances, an order should be received within five (5) business days of placing the order.

E. Medical Documentation

Districts/clinics must include current medical documentation with each special formula order submitted each month.

F. Flavor

Specify product flavor(s), when applicable, on the Special Formula Order Form every month.

G. Supplemental Foods

The CPA FPC for all WIC types for special formulas ordered through Nutrition Unit is 199. When the CPA assigns food package 199, a second field will be enabled in the computer system to allow the CPA to select a food package for the appropriate supplemental foods or additional formula based on the medical documentation provided. Section 3 of Medical Documentation Form 1 must be completed prior to the issuance of any supplemental foods. This requirement excludes infants <5 months and 15 days of age. If this area is left blank, the CPA should contact the medical provider indicated on the medical documentation form for clarification of food restrictions.

The food package could be a child or woman’s state created food package or a 999 food package if none of the state created food packages meet the nutritional prescription. The special formula food package must be entered into the computer as the first food package code to enable the second field.

If the WIC participant only needs the 199 food package, enter “000” in the second food package box to indicate that additional foods do not need to be issued. For infants receiving a 199 food package and needing to be issued infant fruits and vegetables and/or cereal, please use your district created 999 Food Package for the appropriate infant package.

H. Printing the 199 Food Package

Clinics must print a CPA FPC 199 for every month that a client is issued formula ordered through the Nutrition Unit. The 199 food package should be printed at

the time of certification or food package change, up to three months at a time depending on coordination of participant's visits.

The 199 food package includes both a 199 voucher (clinic copy) and a 200 tracking voucher (participant copy). The 199 voucher number is a required component of the order and must be included on the Special Formula Order Form in the space provided at #16. This means that the voucher will have to be printed prior to sending in the order. Whenever a formula order is being requested from the SWO, a new 199 voucher number is needed. Do not print vouchers for a participant that is not present. For special situations please contact the Nutrition Unit for guidance and assistance. Including the 199 voucher number with the order ensures that our process meets USDA requirements that formula orders are matched with the participant receiving the formula.

Once printed, follow the instructions printed on the vouchers. The participant should sign the 199 voucher receipt, not the 199 voucher, at the time of voucher issuance. The 199 voucher receipts should be filed with and in the same manner of all other voucher receipts printed for the clinic. The 199 vouchers, not receipts, should be filed together in a secure location not easily accessible by non-WIC staff. After the formula is received and the participant returns to the clinic, the 199 voucher is signed by the participant at the time of formula issuance. Once signed, the 199 voucher is returned to the secured file. 199 voucher file maintenance procedures may vary by clinic; however, the vouchers need to be organized by participant and in date order.

The tracking voucher (Voucher Code 200) is issued to the participant for their records while waiting formula receipt. After issuance, no action is required on the part of the clinic.

I. Processing the Order

After the order is received at the clinic shipping location and verified as correct and complete, the packing slip should be signed and dated. The formula order packing slip should then be returned to the Nutrition Unit by mail or fax.

Mail: 2 Peachtree Street NW, Suite 10-476, Atlanta, GA, 30303-3142

Fax: 404-657-2886

Notify the Nutrition Unit immediately if:

- An incorrect order is delivered
- There is a change in the formula order
- Formula arrives expired or damaged

J. Tracking Log

Districts/Clinics are required to use the Special Formula Order Tracking Form for each participant receiving formula from the State WIC Office unless prior

approval for an alternate form has been received. A fillable and savable version of this form can be found in the district resources page of the Georgia WIC website (Contact the Nutrition Unit for this link). Districts/clinics need to track and log the entire ordering process including:

- Status of the Medical Documentation Form
- Issuance date
- Date the order was placed
- Date the order was received
- Date the client picked up the formula
- Amount of special formula/nutrionals left over

Leftover formula must be taken into consideration when determining how much formula to request on subsequent special formula orders. Leftover formula one month indicates that less formula will need to be requested from the Nutrition Unit the following month. Document request for formula and distribution in the participant's health record.

K. Prorating Issuance and Failure to Pick Up State Ordered Formula

If a participant's 199 vouchers are printed prior to the "First Day to Use", they may pick up their state ordered formula at their convenience. As long as formula is picked up before the 199 voucher expiration date, the full month's issuance is provided. If 199 vouchers are printed after the "First Day to Use", prorate issuance according to current guidelines.

If a participant fails to pick up state ordered formula prior to the voucher expiration date, transfer the state ordered formula into general formula stock for tracking and issuance purposes. A 197 voucher should now be printed for **any** issuance of this formula. Document the transfer of formula in both the state ordered formula log and stock on hand formula tracking log. Document that the participant failed to pick up prior to voucher expiration on the clinic 199 voucher. Maintain this 199 voucher in the clinic 199 voucher file.

L. 199 Food Package Changes

The 199 food package should be printed at the time the food package change is requested and while the participant is present at the clinic. This ensures that the 199 voucher needed to place the order is printed and the participant is able to sign the voucher receipts. For situations where the food package change is requested and the participant is not present, please contact the Nutrition Unit for guidance and assistance.

If it is determined that a participant no longer needs a state ordered formula and the 199 voucher has already been printed for an upcoming order, one of two processes should be followed:

- If no order has been placed with the 199 voucher, void the unused 199 voucher, document the food package change details on both the voided

voucher and the formula tracking log, and attach the voided voucher to the signed receipt of the new food package. File this with all clinic voucher receipts.

- If the 199 voucher has already been used to order formula, DO NOT VOID this 199 voucher. Once an order has been placed with a 199 voucher, this voucher is considered redeemed. Document the food package change details on the clinic copy of the 199 voucher and file it in the 199 voucher file. Immediately transfer the formula that was ordered with that 199 voucher to the clinic stock formula inventory. Print a 197 voucher for any subsequent issuance of this formula. Document the formula transfer on both the state ordered formula and stock formula tracking logs.

M. Manual 199 Food Package

When the Voucher Management and Reporting System (VMARS) is not available, a manual food package should be issued. Use a blank voucher, "x" out all of the food items, and enter food package 199 for voucher codes 199 and 200. The participant should sign both voucher receipts. The clinic files these receipts with the rest of the clinic manual voucher receipts. The client keeps the manual 200 voucher for their records and the clinic files the manual 199 voucher in the same manner they would the printed 199 voucher. Both the 199 and 200 vouchers must be issued for the manual 199 food package. All manual vouchers should be entered into VMARS within 48 hours of the system operations being restored.

XI. EMORY GENETIC WIC CLIENTS

Under the State of Georgia's Newborn Screening Program, all infants are screened for specific metabolic and genetic conditions. The Emory Genetics program is responsible for following up on all infants who have positive screenings. In most cases Emory Genetics also provides ongoing medical services – including highly specialized nutritional management – to those individuals with diagnosed metabolic or genetic disorders.

Georgia WIC has an agreement with Emory University that permits Emory Genetics to provide WIC-approved formulas and nutritionals to active WIC clients. Georgia WIC food package system allows a WIC clinic to issue a special "Emory Genetics food package" or food package 099 to active WIC clients who are under the medical care of Emory Genetics, which provides the prescribed formula or combination of formulas to each of their WIC clients on a monthly basis. Emory Genetics then submits a report to Georgia WIC requesting reimbursement for the formulas provided (up to the maximum monthly formula amounts authorized per client according to Federal WIC regulations).

A. Emory Genetics Prescriptions

When active WIC clients present medical documentation from Emory Genetics to their WIC clinics, special precautions must be taken to eliminate the possibility of duplicate issuance of formula.

Emory Genetics clients who are active WIC clients should be issued a CPA FPC 099 to cover the formula issued by Emory Genetics. The 099 food package only contains tracking vouchers (no formula or supplemental food vouchers). Emory Genetics will provide the WIC clinic with medical documentation indicating any supplemental foods allowed for the participant.

The WIC clinic must print the Emory Genetics food package for each issuance month based on the active WIC client's pick-up code. Follow the instructions on each voucher. Food package 099 contains four (4) vouchers. Have the active WIC client sign the voucher receipt(s).

The WIC clinic will then fax the two (2) "Emory Genetics Copy" vouchers (voucher code #299) for each month to the fax number listed on the voucher. Do not complete the "Formula Name" or "Cost" lines on the voucher; those lines are for Emory Genetics use. Retain the "Emory Genetics Copy" and "Chart Copy" vouchers in the client's medical record or WIC chart. Provide the "Client Copy" to the client/caregiver.

B. Provision of Formula and WIC Foods

WIC clinics do not issue any formula to an Emory Genetics WIC client. WIC clinics should **not** print any vouchers containing formula or provide any formula from stock on hand to an Emory Genetics WIC client. Emory Genetics provides **all** of the formula to the WIC client and then invoices the state for the allowable amount of formula based on WIC policies. Clinics that issue any formula to their Emory Genetics WIC clients risk formula over-issuance. Districts will be held financially responsible for repaying Georgia WIC for such duplicate formula issuance errors. Any exceptions identified will be reported to the state's contracted financial auditor. The Auditor will be notified to immediately conduct a financial desk audit of the District in question. If substantiated by the contracted auditor, funds will be recouped from subsequent grant in aid. The only exception is when the Nutrition Unit makes special arrangements for clinic issuance of formula.

When an Emory Genetics client is on a standard infant formula the Nutrition Unit may coordinate the issuance of the formula by the clinic.

The clinic will issue any supplemental foods Emory Genetics has prescribed. If supplemental foods are authorized, enter the appropriate state-created special food package code on the 2nd FPC field in the computer system. If none of the State-created food packages match the participant's prescription, enter "999" and

create a 999 food package using state-created vouchers for individual supplemental foods. If the client is not approved to receive any supplemental foods enter "000" in the second food package box.

C. Breastfeeding

If an infant receiving formula from Emory Genetics is also being breastfed, be sure the medical documentation includes enough information for you to assign the correct feeding type for the infant and its mother.

XII. CREATING 999 FOOD PACKAGES

Districts are allowed to create food packages for formulas and combinations of foods not available in state created food packages. These food packages are referred to as 999 food packages. Each District must maintain a record of all District created food packages which include a description of the package, food package code, voucher codes, and amounts and types of formula/food allowed. The description should include WIC type, age group and feeding type as applicable.

It is recommended that one person in each District be responsible for creating and/or approving all 999 food packages.

Each package must provide the full nutritional benefit for each food category as allowed for WIC Type based on age and feeding type. Documentation is required for the issuance of less than the full nutritional benefit. However, remember that children and women prescribed special formulas and nutritionals are only to be issued the formula quantity prescribed, up to the maximum allowed.

State created voucher codes must be used for all food categories (i.e., milk and whole grains). If a participant needs a WIC approved formula or nutritional when no state created vouchers are available, the product can be ordered through the state office.

Attachments FP-26 through FP-34 contain the maximum monthly allowed tables; Attachment FP-41 provides information on milk/cheese/tofu substitutions; and Attachment FP-50 is a list of commonly used voucher codes for single foods or small amounts of formulas. These resources are provided to help in the creation of 999 food packages.

Attachments

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FP-1: Formula Summary: Standard Formulas for Infants and Children

CPA FPC	Status / Age	System FPC	Formula
Gerber Good Start Gentle Concentrate			
A18	FFF 0-3 m	A18	34-12.1 oz concentrate Gerber Good Start Gentle
	FFF 4-5 m	B18	37-12.1 oz concentrate Gerber Good Start Gentle
	FFF 6-11 m	D18	26-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F18	MB 1-3 m	F18	16-12.1 oz concentrate Gerber Good Start Gentle
	MB 4-5 m	G18	19-12.1 oz concentrate Gerber Good Start Gentle
	MB 6-11 m	H18	13-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P18	SB 0-3 m	P18	24-12.1 oz concentrate Gerber Good Start Gentle
	SB 4-5 m	Q18	27-12.1 oz concentrate Gerber Good Start Gentle
	SB 6-11 m	I18	20-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B18	FFF 6-11 m	B18	37-12.1 oz concentrate Gerber Good Start Gentle
X18	Child	X18	37-12.1 oz concentrate Gerber Good Start Gentle
Gerber Good Start Gentle Powder			
A17	FFF 0-3 m	A17	9-12.7 oz cans powder Gerber Good Start Gentle
	FFF 4-5 m	B17	10-12.7 oz cans powder Gerber Good Start Gentle
	FFF 6-11 m	D17	7-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F17	MB 1-3 m	F17	4-12.7 oz cans powder Gerber Good Start Gentle
	MB 4-5 m	G17	5-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	H17	4-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E17	MB 0-5	E17	1-12.7 oz can powder Gerber Good Start Gentle
	MB 6-11 m	L17	1-12.7 oz can powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K17	MB 1-5 m	K17	2-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	M17	2-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J17	MB 1-5 m	J17	3-12.7 oz cans powder Gerber Good Start Gentle
	MB 6-11 m	N17	3-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P17	SB 0-3 m	P17	6-12.7 oz cans powder Gerber Good Start Gentle
	SB 4-5 m	Q17	7-12.7 oz cans powder Gerber Good Start Gentle
	SB 6-11 m	I17	6-12.7 oz cans powder Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B17	FFF 6-11 m	B17	10-12.7 oz cans powder Gerber Good Start Gentle
Z17	Child	Z17	10-12.7 oz cans powder Gerber Good Start Gentle
Gerber Good Start Gentle RTF			
A19	FFF 0-3 m	A19	24-33.8 oz (4-packs) Gerber Good Start Gentle
	FFF 4-5 m	B19	27-33.8 oz (4-packs) Gerber Good Start Gentle
	FFF 6-11 m	D19	19-33.8 oz (4-packs) Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal

CPA FPC	Status / Age	System FPC	Formula
F19	MB 1-3 m	F19	11-33.8 oz (4-packs) Gerber Good Start Gentle
	MB 4-5 m	G19	14-33.8 oz (4-packs) Gerber Good Start Gentle
	MB 6-11 m	H19	10-33.8 oz (4-packs) Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P19	SB 0-3 m	P19	17-33.8 oz (4-packs) Gerber Good Start Gentle
	SB 4-5 m	Q19	19-33.8 oz (4-packs) Gerber Good Start Gentle
	MB 6-11 m	I19	13-33.8 oz (4-packs) Gerber Good Start Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B19	FFF 6-11 m	B19	27-33.8 oz (4-packs) Gerber Good Start Gentle
X19	Child	X19	26-33.8 oz (4-packs) Gerber Good Start Gentle
Gerber Good Start Soy Concentrate			
A28	FFF 0-3 m	A28	34-12.1 oz concentrate Gerber Good Start Soy
	FFF 4-5 m	B28	37-12.1 oz concentrate Gerber Good Start Soy
	FFF 6-11 m	D28	26-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F28	MB 1-3 m	F28	16-12.1 oz concentrate Gerber Good Start Soy
	MB 4-5 m	G28	19-12.1 oz concentrate Gerber Good Start Soy
	MB 6-11 m	H28	13-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P28	SB 0-3 m	P28	24-12.1 oz concentrate Gerber Good Start Soy
	SB 4-5 m	Q28	27-12.1 oz concentrate Gerber Good Start Soy
	SB 6-11 m	I28	20-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B28	FFF 6-11 m	B28	37-12.1 oz concentrate Gerber Good Start Soy
X28	Child	X28	37-12.1 oz concentrate Gerber Good Start Soy
Gerber Good Start Soy Powder			
A27	FFF 0-3 m	A27	9-12.9 oz cans powder Gerber Good Start Soy
	FFF 4-5 m	B27	10-12.9 oz cans powder Gerber Good Start Soy
	FFF 6-11 m	D27	7-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F27	MB 1-3 m	F27	4-12.9 oz cans powder Gerber Good Start Soy
	MB 4-5 m	G27	5-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	H27	4-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E27	MB 0-5	E27	1-12.9 oz can powder Gerber Good Start Soy
	MB 6-11 m	L27	1-12.9 oz can powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K27	MB 1-5 m	K27	2-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	M27	2-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J27	MB 1-5 m	J27	3-12.9 oz cans powder Gerber Good Start Soy
	MB 6-11 m	N27	3-12.9 oz cans powder Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P27	SB 0-3 m	P27	6-12.9 oz cans powder Gerber Good Start Soy
	SB 4-5 m	Q27	7-12.9 oz cans powder Gerber Good Start Soy
	SB 6-11 m	I27	6-12.9 oz cans powder Gerber Good Start Soy

CPA FPC	Status / Age	System FPC	Formula
			32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B27	FFF 6-11 m	B27	10-12.7 oz cans powder Gerber Good Start Soy
X27	Child	X27	10-12.9 oz cans powder Gerber Good Start Soy
Gerber Good Start Soy RTF			
A29	FFF 0-3 m	A29	24-33.8 oz (4-packs) Gerber Good Start Soy
	FFF 4-5 m	B29	27-33.8 oz (4-packs) Gerber Good Start Soy
	FFF 6-11 m	D29	19-33.8 oz (4-packs) Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F29	MB 1-3 m	F29	11-33.8 oz (4-packs) Gerber Good Start Soy
	MB 4-5 m	G29	14-33.8 oz (4-packs) Gerber Good Start Soy
	MB 6-11 m	H29	10-33.8 oz (4-packs) Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P29	SB 0-3 m	P29	17-33.8 oz (4-packs) Gerber Good Start Soy
	SB 4-5 m	Q29	19-33.8 oz (4-packs) Gerber Good Start Soy
	SB 6-11 m	I29	13-33.8 oz (4-packs) Gerber Good Start Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B29	FFF 6-11 m	B29	27-33.8 oz (4-packs) Gerber Good Start Soy
X29	Child	X29	26-33.8 oz (4-packs) Gerber Good Start Soy
Gerber Good Start Soothe			
A37	FFF 0-3 m	A37	9-12.4 oz cans powder Gerber Good Start Soothe
	FFF 4-5 m	B37	10-12.4 oz cans powder Gerber Good Start Soothe
	FFF 6-11 m	D37	7-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F37	MB 1-3 m	F37	4-12.4 oz cans powder Gerber Good Start Soothe
	MB 4-5 m	G37	5-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	H37	4-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E37	MB 0-5	E37	1-12.4 oz can powder Gerber Good Start Soothe
	MB 6-11 m	L37	1-12.4 oz can powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K37	MB 1-5 m	K37	2-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	M37	2-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J37	MB 1-5 m	J37	3-12.4 oz cans powder Gerber Good Start Soothe
	MB 6-11 m	N37	3-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P37	SB 0-3 m	P37	6-12.4 oz cans powder Gerber Good Start Soothe
	SB 4-5 m	Q37	7-12.4 oz cans powder Gerber Good Start Soothe
	SB 6-11 m	I37	6-12.4 oz cans powder Gerber Good Start Soothe 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B37	FFF 6-11 m	B37	10-12.4 oz cans powder Gerber Good Start Soothe
Gerber Graduates Gentle - Powder			
D67	FFF 9- 11 m	D67	4-22 oz cans powder Gerber Graduates Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F67	MB 9-11 m	F67	2-22 oz cans powder Gerber Graduates Gentle 32 jars baby fruit/vegetable, 3-8 oz box infant cereal

CPA FPC	Status / Age	System FPC	Formula
Z67	Child	Z67	5-22 oz cans powder Gerber Graduates Gentle
			Gerber Graduates Soy - Powder
D77	FFF 9- 11 m	D77	4-24 oz cans powder Gerber Graduates Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F77	MB 9-11 m	F77	2-24 oz cans powder Gerber Graduates Soy 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
Z77	Child	Z77	5-24 oz cans powder Gerber Graduates Soy

**FP-2: Contract Formula Food Packages For Fully Formula Fed Infant
0 – 3 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
A17 9-12.7 oz powder Gerber Good Start Gentle	2	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
A18 34-12.1 oz concentrate Gerber Good Start Gentle	2	G14	Formula:	16-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
A19 24-33.8 oz ready to feed Gerber Good Start Gentle	4	G19	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	2	G19	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
A27 9-12.9 oz powder Gerber Good Start Soy	2	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
A28 34-12.1 oz concentrate Gerber Good Start Soy	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
	4	N37	Formula:	16-12.1 oz concentrate Gerber Good Start Soy
A29 24-33.8 oz ready to feed Gerber Good Start Soy	2	G56	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	G56	Formula:	12-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
A37 9-12.4 oz powder Gerber Good Start Soothe	2	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
Fully Formula Fed
4 – 5 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
B17 (Assign A17) 10-12.7 oz powder Gerber Good Start Gentle	2	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	G06	Formula:	6-12.7 oz. cans powder Gerber Good Start Gentle
B18 (Assign A18) 37-12.1 oz concentrate Gerber Good Start Gentle	2	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G18	Formula:	19-12.1 oz containers concentrate Gerber Good Start
B19 (Assign A19) 27-33.8 oz ready to feed Gerber Good Start Gentle	4	G13	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
B27 (Assign A27) 10-12.9 oz powder Gerber Good Start Soy	2	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
B28 (Assign A28) 37-12.1 oz concentrate Gerber Good Start Soy	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
	4	N38	Formula:	19-12.1 oz containers concentrate Gerber Good Start Soy
B29 (Assign A29) 27-33.8 oz ready to feed Gerber Good Start Soy	4	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	2	N44	Formula:	13-33.8 oz (4-pack) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
B37 (Assign A37) 10-12.4 oz powder Gerber Good Start Soothe	2	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe
	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
 Infant Fully formula Fed
 6-11 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
D17 (Assign A17) 7-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G03	Formula:	3-12.7 oz cans powder Gerber Good Start Gentle
	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
D18 (Assign A18) 26-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
D19 (Assign A19) 19-33.8 oz ready to feed Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G10	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G49	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)

Food Package Code	Rank	VC	Voucher Message	
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
D27 (Assign A27) 7-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	2	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
D28 (Assign A28) 26-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy
	4	N39	Formula:	13-12.1 oz containers cans concentrate Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
D29 (Assign A29) 19-33.8 oz ready to feed Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	G52	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
D37 (Assign A37)	2	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
7-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

**Contract Toddler Formula
9 to 12 months only**

Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher Message	
D67 4-22 oz powder Gerber Graduates Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G42	Formula:	2-22 oz containers powder Gerber Graduates Gentle
	4	G42	Formula:	2-22 oz containers powder Gerber Graduates Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher Message	
D77 4-24oz powder Gerber Graduates Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G44	Formula:	2-24 oz containers powder Gerber Graduates Soy
	4	G44	Formula:	2-24 oz containers powder Gerber Graduates Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

FP-3: Food Packages for Exclusively Breastfed Infant

Food Package Code	Rank	VC	Voucher Message	
E00 Breastfeeding message	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby. This does voucher has no cash value Grocers should not accept this voucher
E01 (Assign E00) Breastfeeding message	9	059	Message only	Nurse your baby often. The more you breastfeed the more milk you will have for your baby Grocers do not accept this voucher
64-4 oz infant food				
3-8 oz cereal	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
31-2.5 oz infant meat	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
	2	A36	Infant foods	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods)
	4	N52	Infant foods:	31-2.5 oz containers baby food meat (Stage 1 or 2nd foods only)

FP-4: Contract Formula Packages for Mostly/Some Breastfed Infant

1 – 3 months – Maximum

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
F17 4-12.7 oz powder Gerber Good Start Gentle	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
F18 16-12.1 oz concentrate Gerber Good Start Gentle	4	G14	Formula:	16-12.1 oz cans concentrate Gerber Good Start Gentle
F19 11-33.8 oz ready to feed Gerber Good Start Gentle	2	G20	Formula:	2-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G49	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
F27 4-12.9 oz powder Gerber Good Start Soy	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
F28 16-12.1 oz concentrate Gerber Good Start Soy	4	N37	Formula:	16-12.1 oz containers concentrate Gerber Good Start Soy
F29 11-33.8 oz ready to feed Gerber Good Start Soy	4	G52	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	2	G29	Formula:	2-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
F37 4-12.4 oz powder Gerber Good Start Soothe	4	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
Mostly Breastfed
4 – 5 months – Maximum**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
G17 (Assign F17) 5-12.7 oz powder Gerber Good Start Gentle	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
G18 (Assign F18) 19-12.1 oz concentrate Gerber Good Start Gentle	4	G18	Formula:	19-12.1 containers concentrate Gerber Good Start Gentle
G19 (Assign F19) 14-33.8 oz ready to feed Gerber Good Start Gentle	4	G13	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
G27 (Assign F27) 5-12.9 oz powder Gerber Good Start Soy	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
G28 (Assign F28) 19-12.1 oz concentrate Gerber Good Start Soy	4	N38	Formula:	19-12.1 oz containers concentrate Gerber Good Start Soy
G29 (Assign F29) 14-33.8 oz ready to feed Gerber Good Start Soy	4	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
G37 (Assign F37) 5-12.4 oz powder Gerber Good Start Soothe	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe

**Contract Infant Formula
6 – 11 months – Maximum**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
H17 (Assign F17) 4-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
H18 (Assign F18) 13-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G12	Formula:	13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
H19 (Assign F19) 10-33.8 oz ready to feed Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G10	Formula:	10-33.8 oz (4- packs) ready to feed Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
H27 (Assign F27) 4-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
H28 (Assign F28) 13-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N39	Formula:	13-12.1 oz containers concentrate Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
H29 (Assign F29) 10-33.8 oz ready to feed Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
H37 (Assign F37)	4	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
4-12.4 oz powder Gerber Good Start Soothe	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
32 jars baby fruit/vegetable	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
3-8 oz box infant cereal	4	N82	Infant foods:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas
			Infant cereal:	3-8 oz containers

**Contract Infant Formula
9 to 12 months only**

Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher Message	
F67 2-22 oz powder Gerber Graduates Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G42	Formula:	2-22 oz containers powder Gerber Graduates Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher Message	
F77 2-24 oz powder Gerber Graduates Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G44	Formula:	2-24 oz containers powder Gerber Graduates Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

**Contract Infant Formula
Mostly Breastfed Infant:
1- 3 cans per month**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
E17 1-12.7 oz powder Gerber Good Start Gentle	4	G01	Formula:	1-12.7 oz can powder Gerber Good Start Gentle
L17 (Assign E17) 1-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G01	Formula:	1-12.7 oz can powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
K17 2-12.7 oz powder Gerber Good Start Gentle	4	G02	Formula:	2-12.7 oz can powder Gerber Good Start Gentle
M17 (Assign K17) 2-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G02	Formula:	2-12.7 oz can powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
J17 3-12.7 oz powder Gerber Good Start Gentle	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
N17 (Assign J17) 3-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)

	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
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Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
E27 1-12.9 oz powder Gerber Good Start Soy	4	476	Formula:	1-12.9 oz can powder Gerber Good Start Soy
L27 (Assign E27) 1-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	476	Formula:	1-12.9 oz can powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
K27 2-12.9 oz powder Gerber Good Start Soy	4	G22	Formula:	2-12.9 oz cans powder Gerber Good Start Soy
M27 (Assign K27) 2-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G22	Formula:	2-12.9 oz cans powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
J27 3-12.9 oz powder Gerber Good Start Soy	4	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
N27 (Assign J27) 3-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable	4	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant	14-4 oz OR 7-8 oz (twin pack) containers

3-8 oz box infant cereal			foods:	baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
E37 1-12.4 oz powder Gerber Good Start Soothe	4	L04	Formula:	1-12.4 oz cans powder Gerber Good Start Soothe
L37 (Assign E37) 1-12.4 oz powder Gerber Good Start Soothe	4	L04	Formula:	1-12.4 oz cans powder Gerber Good Start Soothe
32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
K37 2-12.4 oz powder Gerber Good Start Soothe	4	L05	Formula:	2-12.4 oz cans powder Gerber Good Start Soothe
M37 (Assign K37) 2-12.4 oz powder Gerber Good Start Soothe	4	L05	Formula:	2-12.4 oz cans powder Gerber Good Start Soothe
32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
J37 3-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
N37 (Assign J37)	4	L03	Formula:	3-12.4 oz cans powder Gerber Good

3-12.4 oz powder Gerber Good Start Soothe 32 jars baby fruit/vegetable 3-8 oz box infant cereal				Start Soothe
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

**Contract Infant Formula
Some Breastfed Infant
0-3 months**

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
P17	2	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
6-12.7 oz powder Gerber Good Start Gentle	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
P18	2	G30	Formula:	12-12.1 oz containers concentrate Gerber Good Start Gentle
24-12.1 oz concentrate Gerber Good Start Gentle	4	G30	Formula:	12-12.1 oz containers concentrate Gerber Good Start Gentle
P19	2	G34	Formula:	7-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
17-33.8 oz ready to feed Gerber Good Start Gentle	4	G10	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
P27	2	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
6-12.7 oz powder Gerber Good Start Soy	4	N55	Formula:	3-12.9 oz cans powder Gerber Good Start Soy
P28	2	G16	Formula:	12-12.1 oz containers concentrate Gerber Good Start Soy
24-12.1 oz concentrate Gerber Good Start Soy	4	G16	Formula:	12--12.1 oz containers concentrate Gerber Good Start Soy
P29	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
17-33.8 oz ready to feed Gerber Good Start Soy	2	G25	Formula:	7-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
P37	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
6-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe

4 – 5 months

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
Q17	2	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
7-12.7 oz powder Gerber Good Start Gentle	4	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
Q18	2	G30	Formula:	12-12.1 oz containers concentrate Gerber Good Start Gentle
27-12.1 oz concentrate Gerber Good Start Gentle	4	G55	Formula:	15-12.1 oz containers concentrate Gerber Good Start Gentle
Q19	4	G10	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
19-33.8 oz ready to feed Gerber Good Start Gentle	2	G49	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
Q27	2	N55	Formula:	3-12.9 oz can powder Gerber Good Start Soy
7-12.9 oz powder Gerber Good Start Soy	4	N40	Formula:	4-12.9 oz cans powder Gerber Good Start Soy
Q28	2	G16	Formula:	12-12.1 oz containers concentrate Gerber Good Start Soy
27-12.1 oz concentrate Gerber Good Start Soy	4	G26	Formula:	15-12.1 oz containers concentrate Gerber Good Start Soy
Q29	4	N46	Formula:	10-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
19-33.8 oz ready to feed Gerber Good Start Soy	2	G52	Formula:	9-33.8 oz (4-packs) ready to feed Gerber Good Start Soy

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
Q37 (Assign P37)	2	L01	Formula:	4-12.4 oz cans powder Gerber Good Start Soothe
7-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe

6 – 11 months

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
I17 (Assign Q17) 6-12.7 oz powder Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
	4	G03	Formula:	3-12.7 oz can powder Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
I18 (Assign Q18) 20-12.1 oz concentrate Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	G12	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G12	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
I19 (Assign Q19) 13-33.8 oz ready to feed Gerber Good Start Gentle 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
I27 (Assign Q27) 6-12.9 oz powder Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N55	Formula:	3-12.9 oz can powder Gerber Good Start Soy
	4	N55	Formula:	3-12.9 oz can powder Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
I28 (Assign Q28) 20-12.1 oz concentrate Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	2	N39	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Soy
	4	N39	Formula:	10-13-12.1 oz containers concentrate Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
I29 (Assign Q29) 13-33.8 oz ready to feed Gerber Good Start Soy 32 jars baby fruit/vegetable 3-8 oz box infant cereal	4	G53	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
I37 (Assign P37)	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
6-12.4 oz powder Gerber Good Start Soothe	4	L03	Formula:	3-12.4 oz cans powder Gerber Good Start Soothe
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

FP-5: Contract Formula Packages for Infants Age 6-11 Months Unable to Eat Solid Foods

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
B17 (Assign B17) 10-12.7 oz powder Gerber Good Start Gentle	2	G04	Formula:	4-12.7 oz cans powder Gerber Good Start Gentle
	4	G06	Formula:	6-12.7 oz. cans powder Gerber Good Start Gentle
Medical Documentation Required				
B18 (Assign B18) 37-12.1 oz concentrate Gerber Good Start Gentle	2	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
	4	G18	Formula:	19-12.1 oz containers concentrate Gerber Good Start
Medical Documentation Required				
B19 (Assign B19) 27-33.8 oz ready to feed Gerber Good Start Gentle	4	G13	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
B27 (Assign B27) 10-12.9 oz powder Gerber Good Start Soy	2	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula:	5-12.9 oz cans powder Gerber Good Start Soy
Medical Documentation Required				
B28 (Assign B28) 37-12.1 oz concentrate Gerber Good Start Soy	2	G27	Formula:	18-12.1 oz containers concentrate Gerber Good Start Soy
	4	N38	Formula:	19-12.1 oz containers concentrate Gerber Good Start Soy
Medical Documentation Required				
B29 (Assign B29) 27-33.8 oz ready to feed Gerber Good Start Soy	4	N45	Formula:	14-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	2	N44	Formula:	13-33.8 oz (4-pack) ready to feed Gerber Good Start Soy
Medical Documentation Required				

Gerber Good Start Soothe

Food Package Code	Rank	VC	Voucher Message	
B37 (Assign B37) 10-12.4 oz powder Gerber Good Start Soothe	2	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe
	4	L02	Formula:	5-12.4 oz cans powder Gerber Good Start Soothe
Medical Documentation Required				

FP-6: Contract Infant Formula Packages for Children

Gerber Good Start Gentle

Food Package Code	Rank	VC	Voucher Message	
Z17 10-12.7 oz powder Gerber Good Start Gentle	2	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
	4	G05	Formula:	5-12.7 oz cans powder Gerber Good Start Gentle
Medical Documentation Required				
X18 37- 12.1 oz concentrate Gerber Good Start Gentle	4	G18	Formula:	19-12.1 oz containers concentrate Gerber Good Start Gentle
	2	G17	Formula:	18-12.1 oz containers concentrate Gerber Good Start Gentle
Medical Documentation Required				
X19 26-33.8 ready to feed Gerber Good Start Gentle	2	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
	4	G48	Formula:	13-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle
Medical Documentation Required				

Gerber Good Start Soy

Food Package Code	Rank	VC	Voucher Message	
X27 10-12.9 oz powder Gerber Good Start Soy	2	N41	Formula	5-12.9 oz cans powder Gerber Good Start Soy
	4	N41	Formula	5-12.9 oz cans powder Gerber Good Start Soy
Medical Documentation Required				
X28 37-12.1 oz concentrate Gerber Good Start Soy	4	N38	Formula	19-12.1 oz cans concentrate Gerber Good Start Soy
	2	N37	Formula	16-12.1 oz cans concentrate Gerber Good Start Soy
Medical Documentation Required				
X29 26-33.8 oz ready to feed Gerber Good Start Soy	2	N44	Formula	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
	4	N44	Formula	13-33.8 oz (4-packs) ready to feed Gerber Good Start Soy
Medical Documentation Required				

Gerber Graduates Gentle

Food Package Code	Rank	VC	Voucher Message	
Z67 5-22 oz powder Gerber Graduates Gentle Medical Documentation Required	2	G42	Formula:	2-22 oz containers powder Gerber Graduates Gentle
	4	G42	Formula:	2-22 oz containers powder Gerber Graduates Gentle
	4	G41	Formula:	1-22 oz container powder Gerber Graduates Gentle

Gerber Graduates Soy

Food Package Code	Rank	VC	Voucher Message	
Z77 5-24 oz powder Gerber Graduates Soy Medical Documentation Required	2	G44	Formula:	2-24 oz containers powder Gerber Graduates Soy
	4	G44	Formula:	2-24 oz containers powder Gerber Graduates Soy
	4	G43	Formula:	1-24 oz container powder Gerber Graduates Soy

**FP-7: Formula Summary – Non-Contract Infant Formula
Medical Documentation Required**

CPA FPC	Status / Age	System FPC	Formula
Enfamil AR Powder			
A44	FFF 0-3 m	A44	9-12.9 oz cans powder Enfamil AR
	FFF 4-5 m	B44	10-12.9 oz cans powder Enfamil AR
	FFF 6-11 m	D44	7-12.9 oz cans powder Enfamil AR, 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F44	MB 1-3 m	F44	4-12.9 oz cans powder Enfamil AR
	MB 4-5 m	G44	5-12.9 oz cans powder Enfamil AR
	MB 6-11 m	H44	4-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
E44	MB 0-5	E44	1-12.9 oz can powder Enfamil AR
	MB 6-11 m	L44	1-12.9 oz can powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
K44	MB 1-5 m	K44	2-12.9 oz cans powder Enfamil AR
	MB 6-11 m	M44	2-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
J44	MB 1-5 m	J44	3-12.9 oz cans powder Enfamil AR
	MB 6-11 m	N44	3-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P44	SB 0-3 m	P44	6-12.9 oz cans powder Enfamil AR
	SB 4-5 m	Q44	7-12.9 oz cans powder Enfamil AR
	SB 6-11 m	I44	6-12.9 oz cans powder Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B44	FFF 6-11 m	B44	10-12.9 oz cans powder Enfamil AR
X44	Child	X44	9–12.9 oz cans powder Enfamil AR
Enfamil AR RTF			
A46	FFF 0-3 m	A46	26-quart cans RTF Enfamil AR
	FFF 4-5 m	B46	28-quart cans RTF Enfamil AR
	FFF 6-11 m	D46	20-quart cans RTF Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
F46	MB 1-3 m	F46	12-32 oz RTF containers Enfamil AR
	MB 4-5 m	G46	14-32 oz RTF containers Enfamil AR
	MB 6-11 m	H46	10-32 oz RTF containers Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
P46	SB 0-3 m	P46	20-32 oz RTF containers Enfamil AR
	SB 4-5 m	Q46	22-32 oz RTF containers Enfamil AR
	SB 6-11 m	I46	14-32 oz RTF containers Enfamil AR 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
B46	FFF 6-11 m	B46	28-quart cans RTF Enfamil AR
X46	Child	X46	28–32 oz cans RTF Enfamil AR

**FP-8: Non-Contract Formulas-Infant Fully Formula Fed
0 – 3 months**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
A44 9-12.9 oz powder Enfamil AR	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
A46 26-1 quart ready to feed Enfamil AR	2	169	Formula	13-1 quart containers OR 13-32 oz (4-packs) ready to feed Enfamil AR
	4	169	Formula	13-1 quart containers OR 13-32 oz (4-packs) ready to feed Enfamil AR
Medical Documentation Required				

**Non-Contract Formulas
Infant Fully formula Fed
4-5 months**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
B44 (Assign A44) 10-12.9 oz Enfamil AR	2	168	Formula	5-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
B46 (Assign A46) 28-1 quart ready to feed Enfamil AR	2	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
	4	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
Medical Documentation Required				

**Non-Contract Formulas
Infant Fully formula Fed
6-11 months**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
D44 (Assign A44) 7-12.9 oz Enfamil AR 32 jars baby fruit/vegetable 3-8 oz box infant cereal Medical Documentation Required	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
	2	N34	Formula	3-12.9 oz cans powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
D46 (Assign A46) 20-1 quart ready to feed Enfamil AR 32 jars baby fruit/vegetable 3-8 oz box infant cereal Medical Documentation Required	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
	2	N35	Formula	10-1 quart containers OR 10-32 oz (4-packs) ready to feed Enfamil AR
	4	N35	Formula	10-1 quart containers OR 10-32 oz (4-packs) ready to feed Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

**FP-9: Non-Contract Infant Formula- Mostly Breastfed Infant – Maximum
1-3 months Mostly Breastfeeding – Max**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
F44 4-12.9 oz powder Enfamil AR	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
F46 12-32 oz ready to feed Enfamil AR	4	M43	Formula	12-1 quart containers OR 12-32 oz (4-packs) ready to feed

4-5 months Mostly Breastfeeding – Max

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
G44 (Assign F44) 5-12.9 oz powder Enfamil AR	4	168	Formula	5-12.9 oz cans powder Enfamil AR
G46 14-32 oz ready to feed Enfamil AR	4	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR

6-11 months Mostly Breastfeeding – Max

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
H44 (Assign F44) 4-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal	4	N33	Formula	4-12.9 oz cans powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
H46 (Assign F46) 10-32 oz ready to feed Enfamil AR 32-4 oz infant food 3-8 oz cereal	4	N35	Formula	10-1 quart OR 10-32 oz (4- packs) ready to feed Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

**Non-Contract Infant Formula
Mostly Breastfed Infant
1- 3 cans per month**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
E44 1-12.9 oz powder Enfamil AR	4	307	Formula	1-12.9 oz can powder Enfamil AR
L44 (Assign E44) 1-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	307	Formula	1-12.9 oz can powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
K44 2-12.9 oz powder Enfamil AR	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
M44 (Assign K44) 2-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal Medical Documentation Required	4	M42	Formula	2-12.9 oz cans powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
J44 3-12.9 oz powder Enfamil AR Medical Documentation Required	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
N44 (Assign J44) 3-12.9 oz powder Enfamil AR 32-4 oz infant food 3-8 oz cereal	4	N34	Formula	3-12.9 oz cans powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)

Medical Documentation Required	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
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**Non-Contract Infant Formula
Some Breastfed Infant – Maximum
1-3 months max**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
P44 6-12.9 oz powder Enfamil AR Medical Documentation Required	2	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N34	Formula:	3-12.9 oz can powder Enfamil AR
P46 20-32 oz ready to feed Enfamil AR Medical Documentation Required	2	N35	Formula:	10-1 quart containers OR 10-32 oz (4-packs) ready to feed Enfamil AR
	4	N35	Formula:	10-1 quart containers OR 10-32 oz (4-packs) ready to feed Enfamil AR

**Non-Contract Infant Formula
Some Breastfed Infant – Maximum
4-5 months max**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
Q44 (Assign P44) 7-12.9 oz powder Enfamil AR Medical Documentation Required	2	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N33	Formula:	4-12.9 oz can powder Enfamil AR
Q46 (Assign P46) 22-32 oz ready to feed Enfamil AR Medical Documentation Required	4	N35	Formula:	10-1 quart containers OR 10-32 oz (4-packs) ready to feed Enfamil AR
	2	M43	Formula:	12-1 quart containers OR 12-32 oz (4-packs) ready to feed Enfamil AR

**Non-Contract Infant Formula
Some Breastfed Infant – Maximum
6-11 months max**

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
I44 (Assign P44) 6-12.9 oz powder Enfamil AR	2	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N34	Formula:	3-12.9 oz can powder Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
I46 (Assign P46) 14-32 oz ready to feed Enfamil AR	4	309	Formula:	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

FP-10: Non-Contract Formula Packages for Infants Age 6-11 Months Unable to Eat Solid Foods

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
B44 (Assign B44) 10-12.9 oz Enfamil AR	2	168	Formula	5-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
B46 (Assign B46) 28-1 quart ready to feed Enfamil AR	2	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
	4	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
Medical Documentation Required				

FP-11: Non-Contract Standard Infant Formula for Children

Enfamil AR

Food Package Code	Rank	VC	Voucher Message	
X44 9-12.9 oz powder Enfamil AR	2	N33	Formula	4-12.9 oz cans powder Enfamil AR
	4	168	Formula	5-12.9 oz cans powder Enfamil AR
Medical Documentation Required				
X46 28-1 quart ready to feed Enfamil AR	2	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
	4	309	Formula	14-1 quart containers OR 14-32 oz (4-packs) ready to feed Enfamil AR
Medical Documentation Required				

FP-12: Summary of Food Packages for Women and Children

<u>Women Food Packages:</u>	
Prenatal/Mostly Breastfeeding W00 – W19	
W01	Prenatal/Mostly Breastfeeding Women
W02	Lactose Intolerant Prenatal/Mostly Breastfeeding Women
W03	Goat Milk for Prenatal/Mostly Breastfeeding Women
W05	Limited Tofu for Prenatal/Mostly Breastfeeding Women
W07	Whole Milk Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W08	No Cheese for Prenatal/Mostly Breastfeeding Women
W09	No Milk for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED
W10	Prenatal/Mostly Breastfeeding Women – Alternative Package
W11	Soy Milk for Prenatal/Mostly Breastfeeding Women
W12	Evaporated Milk for Prenatal/Mostly Breastfeeding Women
W13	Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women
W14	Alternating Prenatal/Mostly Breastfeeding Women Package A
V10	Alternating Prenatal/Mostly Breastfeeding Women Package B
Postpartum Non-Breastfeeding/Some Breastfeeding W20 – W39, W80	
W21	Postpartum Women
W22	Lactose Intolerant Postpartum Women
W23	Goat Milk for Postpartum Women
W25	Limited Tofu for Postpartum Women
W27	Whole Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED
W28	No Cheese for Postpartum Women
W29	No Milk for Postpartum Women MEDICAL DOCUMENTATION REQUIRED
W30	Postpartum Women – Alternative Package
W31	Soy Milk for Postpartum Women
W32	Evaporated Milk for Postpartum Women
W33	Soy Milk with Tofu for Postpartum Women
W34	Alternating Postpartum Women Package A
V34	Alternating Postpartum Women Package B
W80	Some Breastfeeding greater than 6 months Postpartum

Exclusively Breastfeeding Woman – Single Infant/Prenatal with Multiples /Mostly Breastfeeding Multiples W40 – W59	
W41	Exclusively Breastfeeding/Prenatal with Multiples
W42	Lactose Intolerant Exclusively Breastfeeding/Prenatal with Multiples
W43	Goat Milk for Exclusively Breastfeeding/Prenatal with Multiples
W45	Limited Tofu for Exclusively Breastfeeding/Prenatal with Multiples
W47	Whole Milk for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL DOCUMENTATION REQUIRED
W49	No Milk for Exclusively Breastfeeding/Prenatal with Multiples MEDICAL DOCUMENTAION REQUIRED
W50	Exclusively Breastfeeding/Prenatal with Multiples Alternative Package
W51	Soy Milk for Exclusively Breastfeeding/Prenatal with Multiples
W52	Evaporated Milk for Exclusively Breastfeeding/Prenatal with Multiples
W53	Soy Milk with Tofu for Exclusively Breastfeeding/Prenatal with Multiples
Exclusively Breastfeeding Multiples W60 – W79 (V60 – V79)	
W61	Exclusively Breastfeeding Multiples Package A
V61	Exclusively Breastfeeding Multiples Package B
W62	Lactose Intolerant Exclusively Breastfeeding Multiples Package A
V62	Lactose Intolerant Exclusively Breastfeeding Multiples Package B
W63	Goat Milk for Exclusively Breastfeeding Multiples Package A
V63	Goat Milk for Exclusively Breastfeeding Multiples Package B
W65	Tofu for Exclusively Breastfeeding Multiples Package A
V65	Tofu for Exclusively Breastfeeding Multiples Package B
W69	No milk for Exclusively Breastfeeding Multiples Package A MEDICAL DOCUMENTATION REQUIRED
V69	No milk for Exclusively Breastfeeding Multiples Package B MEDICAL DOCUMENTATION REQUIRED
W71	Soy Milk for Exclusively Breastfeeding Multiples Package A
V71	Soy Milk for Exclusively Breastfeeding Multiples Package A

Child Food Packages:	
12 – 23 Month Old Child C00 – C19	
C01	Whole Milk Child 1-2 years old
C02	Lactose Intolerant 1-2 year old
C03	Goat Milk for 1 -2 year old
C05	Limited Tofu for 1-2 yr old
C09	No milk for 1-2 year old MEDICAL DOCUMENTAION NEEDED
C10	1-2 year old Alternative Package
C11	Soy Milk for 1-2 years old
C12	Evaporated Milk for 1-2 year old
C13	Soy Milk with Tofu for 1-2 years old
2 - 5 Year Old Child C20 – C39	
C21	Low-Fat Milk 2-5 year old
C22	Lactose Intolerant 2- 5 year old
C23	Goat Milk for 2-5 year old
C25	Limited Tofu for 2-5 yr child
C27	Whole Milk for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED
C28	No Cheese for 2-5 year old
C29	No milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED
C30	2-5 year old Alternative Package
C31	Soy Milk for 2-5 year old
C32	Evaporated Milk for 2-5 year old
C33	Soy Milk for 2-5 year old
C34	Alternating Milk 2-5 year old Package A
V21	Alternating Milk 2-5 year old Package B

**FP-13: Prenatal/Mostly Breastfeeding Women Packages
W00-W14**

Food Package Number	Rank	VC	Voucher Message	
W01 Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 4 gallons of milk 1-3 qt box dry milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	041	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Eggs:	1 dozen		
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
Cereal:	36 oz (can choose a combination of allowed box sizes)			
2	W01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Dry Milk:	1- 3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed) evaporated			
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
4	W02	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			
1	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			

Food Package number	Rank	VC	VC Message	
W02 Lactose Intolerant Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 19 qt lactose reduced milk 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
		Cereal:	36 oz (can choose a combination of allowed box sizes)	
1	501	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand	
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
4	W07	Milk:	1-3 quart (96 oz) container OR 1-half gallon low-fat (fat-free, 1%) Lactose-free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	
		Cheese:	1-16 oz package	

	4	W80	Eggs: Whole grain: Peanut butter:	1 dozen Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns 1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher Message	
W03 – Goat Milk for Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 19 quarts goat milk 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W11	Goat milk: Cheese: Peanut butter:	3 quarts low-fat goat milk. No whole Milk. 1-16 oz package 1 container (16 to 18 oz)
	4	W12	Goat milk: Juice: Whole grain:	4 quarts low-fat goat milk. No whole Milk. 2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W13	Goat milk: Beans:	4 quarts low-fat goat milk. No whole milk. 1 lb dried OR 4 cans (15 to 16 oz)
	2	W14	Goat milk: Juice: Eggs:	4 quarts low-fat goat milk. No whole milk. 1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 dozen

	3	W15	Goat milk: Cereal:	4 quarts low-fat goat milk. No whole milk. 36 oz (can choose a combination of allowed box sizes)
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Food Package Number	Rank	VC	Voucher Message	
W05 – Limited Tofu for Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 5 gallons of milk 2 containers tofu (14 to 16 oz) 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16 to 18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	041	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
		Cereal:	36 oz (can choose a combination of allowed box sizes)	
	3	W37	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Cheese:	1-16 oz package	
		Tofu:	2 containers (14 to 16 oz)	
		Peanut butter:	1 container (16 to 18 oz)	
	4	W02	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns	
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)	
	1	051	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	

Food Package Number	Rank	VC	Voucher Message	
W07 – Whole Milk for Prenatal/Mostly Breastfeeding Women Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$11 fruit and vegetable 5 ½ gallons whole milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
			Eggs:	1 dozen
	4	W47	Milk:	2 gallons Whole milk only Least expensive brand
		Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate	
	4	W48	Milk:	1 gallon Whole milk only Least expensive brand
		Whole Grains:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns	
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)	
	2	W49	Milk:	1 half gallon whole milk only Least expensive brand
		Peanut butter:	1 container (16 to 18 oz)	

Food Package	Rank	VC	Voucher Message	
W08 – No Cheese for Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 5 ½ gallon milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	039	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Eggs:	1 dozen		
	4	W02	Milk:	1gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns		
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			
1	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	029	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
4	W20	Milk:	1-half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cereal:	36 oz (can choose a combination of allowed box sizes)			
Peanut Butter:	1 container (16-18 oz)			

Food Package	Rank	VC	Voucher Message	
W09 – No Milk for Prenatal/Mostly Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$11 Fruit and vegetable 1 lb cheese 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W54	Cheese:	1-16 oz package
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	W55	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	W56	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Peanut Butter:	1 container (16-18 oz)

Food Package Number	Rank	VC	Voucher Message	
W10 – Prenatal/Mostly Breastfeeding Women – Alternative Package \$11 fruit and vegetable 88-8 oz UHT milk 3-48 oz juice 36 oz cereal 16 oz whole grains 2 containers of peanut butter (16-18 oz. each)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	H16	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Juice:	1-48 oz container
	2	H17	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Peanut butter:	1 container (16 to 18 oz)
	4	H17	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Peanut butter:	1 container (16 to 18 oz)
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Cereal:	18 oz
3	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
		Cereal:	18 oz	
1	H16	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
		Juice:	1-48 oz container	
4	H19	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
		Juice:	1-48 oz container	
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns	

Food Package	Rank	VC	Voucher Message	
W11 – Soy Milk for Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 5 ½ gallons soy milk 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W28	Soy Milk:	3 half gallons soy milk
			Peanut butter:	1 container (16 to 18 oz)
	4	W30	Soy milk:	2 half gallons soy milk
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W57	Soy milk:	2 half gallons soy milk
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	W69	Soy milk:	2 half gallons soy milk
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	4	W70	Soy milk:	2 half gallons soy milk
			Cereal:	36 oz (can choose a combination of allowed box sizes)

Food Package	Rank	VC	Voucher Message	
W12 - Evaporated Milk for Prenatal/Mostly Breastfeeding \$11 fruit and vegetable 1 gallon of milk 20-12 oz cans evaporated milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W83	Milk:	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	W55	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	1	W41	Milk:	1 gallon low-fat (fat-free, 1%) No whole milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W84	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
			Peanut Butter:	1 container (16-18 oz)
	3	W85	Milk:	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
			Cheese:	1-16 oz package
	3	A17	Milk:	4-12 ounce cans low-fat (fat-free, 1%) evaporated Least expensive brand

Food Package	Rank	VC	Voucher Message	
W13 – Soy Milk with Tofu for Prenatal/Mostly Breastfeeding Women \$11 fruit and vegetable 4 ½ gallons soy milk 4 containers tofu (14 to 16 oz) 3-48 oz juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W28	Soy Milk:	3 half gallons soy milk
			Peanut butter:	1 container (16 to 18 oz)
	4	W30	Soy milk:	2 half gallons soy milk
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W57	Soy milk:	2 half gallons soy milk
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)	
3	W69	Soy milk:	2 half gallons soy milk	
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
4	W91	Tofu:	4 containers of tofu (14 to 16 oz)	
		Cereal:	36 oz (can choose a combination of allowed box sizes)	

Food Package Number	Rank	VC	Voucher Message	
W14 Prenatal/Mostly Breastfeeding Women – Package A \$11 fruit and vegetable 4 ½ gallons of milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	041	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Eggs:	1 dozen		
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
Cereal:	36 oz (can choose a combination of allowed box sizes)			
2	W95	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Milk:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand			
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
4	W02	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			
1	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			

Food Package Number	Rank	VC	Voucher Message	
V10 (Assign W14) Prenatal/Mostly Breastfeeding Women package B \$11 fruit and vegetable 5 gallons of milk 1 lb cheese 3-48 oz cans of juice 1 dozen eggs 36 oz cereal 16 oz whole grains 1 container of peanut butter (16-18 oz.) 1 lb dried beans	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	041	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Eggs:	1 dozen		
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
Cereal:	36 oz (can choose a combination of allowed box sizes)			
2	W4 5	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
4	W0 2	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			
1	029	Milk:	2 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			

**FP-14: Non-Breastfeeding Postpartum /Some Breastfeeding Woman
W20 - W39**

Food Package Number	Rank	VC	Voucher Message	
W21 Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 2 ½ gallon milk 1-3 qt box dry milk 2-48 oz juice 1 lb cheese 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W41	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%) No or 2% whole milk. Least expensive brand
			Cheese:	1-16 oz package
	4	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W06	Dry milk:	1- 3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed) evaporated
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W22 – Lactose Intolerant Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 13 quarts of lactose reduced milk 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried bean or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 211.5 oz cans pourable concentrate
	3	W92	Milk:	1-half gallon low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	045	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (15to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	W90	Milk:	1-3 quart (96 oz) container low-fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen

Food Package	Rank	VC	Voucher Message	
W23 – Goat Milk for Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 13 quarts goat milk 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Eggs:	1 dozen		
	4	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
Cereal:	36 oz (can choose a combination of allowed box sizes)			
1	W18	Goat milk:	4 quarts low-fat goat milk. No whole Milk.	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
3	W19	Goat milk:	1 quart low-fat goat milk. No whole Milk.	
Cheese:	1-16 oz package			
Beans/peanut butter	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter			

Food Package Number	Rank	VC	Voucher Message	
W25 – Limited Tofu for Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 3 gallon of milk 4 containers tofu (14 to 16 oz) 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	040	Milk:	1 gallon only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	4	W42	Tofu:	4 containers of tofu (14 to 16 oz)
			Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
W27 – Whole Milk for Postpartum/Some Breastfeeding Women Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$11 fruit and vegetable 4 gallons whole milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	4	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
		Eggs:	1 dozen	
	3	046	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	2	W5 2	Milk:	1 gallon whole milk only Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W28 – No Cheese for Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 4 gallon milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	039	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	1	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
	3	W2 1	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	2	W2 2	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
W29 – No Milk for Postpartum/Some Breastfeeding Women MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$11 fruit and vegetable 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W46	Cheese:	1-16 oz package
	4	W71	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)

Food Package	Rank	VC	Voucher Message	
W30 – Postpartum/Some Breastfeeding Women – Alternative Package \$11 fruit and vegetable 64-8 oz UHT milk 2-48 oz juice 36 oz cereal 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	H17	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Peanut butter:	1 container (16 to 18 oz)
	1	H16	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Juice:	1-48 oz container
	4	H13	Milk:	12-8oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Cereal:	18 oz
2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
		Cereal:	18 oz	
3	H18	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
		Juice:	1-48 oz container	

Food Package	Rank	VC	Voucher Message	
W31 – Soy Milk for Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 4 gallons soy milk 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W69	Soy milk:	2 half gallons soy milk
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Eggs:	1 dozen		
	3	W70	Soy milk:	2 half gallons soy milk
Cereal:	36 oz (can choose a combination of allowed box sizes)			
1	W72	Soy milk:	2 half gallons soy milk	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	W73	Soy milk:	2 half gallons soy milk	
Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter			

Food Package	Rank	VC	Voucher Message	
W32 - Evaporated Milk for Postpartum/ Some Breastfeeding Women \$11 fruit and vegetable 1 gallon milk 12-12 oz cans evaporated milk 2-48 oz juice 1 lb cheese 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W86	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
	Eggs:	1 dozen		
	Cereal:	36 oz (can choose a combination of allowed box sizes)		
	3	W87	Juice:	1-48 oz container OR 1-12 oz can frozen or 1-11.5 oz can pourable concentrate
Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter			
1	W41	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice	1-48 oz container OR 1-12 oz can frozen or 11.5 oz can pourable			
2	W85	Milk:	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand	
Cheese:	1-16 oz package			

Food Package	Rank	VC	Voucher Message	
W33 – Soy Milk with Tofu for Postpartum/Some Breastfeeding Women \$11 fruit and vegetable 3 gallons soy milk 4 containers tofu (14 to 16 oz) 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W69	Soy milk:	2 half gallons soy milk
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Eggs:	1 dozen		
4	W91	Tofu:	4 containers of tofu (14 to 16 oz)	
Cereal:	36 oz (can choose a combination of allowed box sizes)			
1	W72	Soy milk:	2 half gallons soy milk	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	W73	Soy milk:	2 half gallons soy milk	
Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter			

Food Package Number	Rank	VC	Voucher Message	
W34 Alternating Postpartum/Some Breastfeeding Women – Package A \$11 fruit and vegetable 3 gallon milk 1 lb cheese 2-48 oz juice 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	040	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	1-48 oz container OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	4	031	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
		Juice:	1-48 oz container OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate	
	4	W2 1	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	2	W9 3	Eggs:	1 dozen
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
V34 Alternating Postpartum/Some Breastfeeding Women – Package B \$11 fruit and vegetable 3 ½ gallon milk 2-48 oz juice 1 lb cheese 1 dozen eggs 36 oz cereal 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W41	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz 2 containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
	4	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W94	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message
W80 – Some Breastfeeding greater than 6 months postpartum and less than 50% of the time	9	W60	Good Job! Keep breastfeeding to provide your baby with the BEST milk.

FP-15: Exclusively Breastfeeding Single Infant/Prenatal Woman Pregnant with Multiples W40- W59

Food package Number	Rank	VC	Voucher message	
W41 Exclusively Breastfeeding/Prenatal Women with Multiples Package/MBF Multiples \$11 fruit and vegetable 6 gallons milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W82	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
1	039	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
2	W02	Milk:	1gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans:	1 lb dried OR 4 cans (15to 16 oz)			
3	W03	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			

Food Package number	Rank	VC	VC Message	
W42 Lactose Intolerant Exclusively Breastfeeding/ Prenatal women with Multiples/ MBF Multiples \$11 fruit and vegetable 24 qt lactose reduced milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	501	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

	3	W09	Milk:	2 gallon OR 4 half gallons low- fat (fat-free, 1%) Lactose-free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
			Eggs:	1 dozen
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Peanut butter:	1 container (16 to 18 oz)
			Fish:	29 to 30 oz (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher Message	
W43 – Goat Milk for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$11 fruit and vegetable 24 quarts goat milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W12	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns		
	4	W17	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
	Beans:	1 lb dried OR 4 cans (15 to 16 oz)		
	Eggs:	1 dozen		
1	W14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
2	W15	Goat Milk:	4 quarts low-fat goat milk. No whole milk.	
Cereal	36 oz (can choose a combination of allowed box sizes)			
4	W16	Goat Milk:	6 quarts low-fat goat milk. No whole milk.	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			

Food Package Number	Rank	VC	Voucher Message	
W45 – Limited Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/MBF Multiples \$11 fruit and vegetables 5 gallons milk 1 lb cheese 4 containers tofu (14 to 16 oz) 3-48 oz cans juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried Beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W82	Milk:	2 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
1	039	Milk:	1 gallon only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
4	W38	Tofu:	4 containers of tofu (14 to 16 oz)	
Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans	1 lb dried OR 4 cans (15 to 16 oz)			
2	W03	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			

Food Package Number	Rank	VC	Voucher Message	
W47 – Whole Milk for Exclusively breastfeeding/ Prenatal Women with Multiples/MBF Multiples Can only be given with food package III MEDICAL DOCUMENTATION REQUIRED \$11 fruit and vegetable 6 gallons whole milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	W51	Milk:	1 gallon Whole milk only Least expensive brand
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Fish:	29 to 30 oz (canned tuna or canned salmon)		
	4	C04	Milk:	1 gallon Whole milk only Least expensive brand
	Cereal:	36 oz (can choose a combination of allowed box sizes)		
Eggs:	1 dozen			
2	W47	Milk:	2 gallons Whole milk only Least expensive brand	
Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate			
4	W48	Milk:	1 gallon Whole milk only Least expensive brand	
Whole Grains:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			
3	W50	Milk:	1 gallon Whole milk only Least expensive brand	
Cheese:	1-16 oz package			
Eggs:	1 dozen			
Peanut Butter:	1 container (16 to 18 oz)			

Food Package	Rank	VC	Voucher Message	
W49 – No milk – Exclusively Breastfeeding/ Prenatal with Multiples/ MBF Multiples MEDICAL DOCUMENTAION REQUIRED Can only be given with food package III \$11 fruit and vegetable 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W44	Cheese:	1-16 oz package
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	W58	Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W59	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Fish:	29 to 30 oz (canned tuna or canned salmon)
	3	W61	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Eggs:	1 dozen
			Peanut Butter:	1 container (16 to 18 oz)

Food Package	Rank	VC	Voucher Message	
W50 – Exclusively Breastfeeding/Prenatal with Multiples/MBF Multiples – Alternative Package \$11 fruit and vegetable 96-8 oz UHT milk 16 oz cheese 3-48 oz juice 36 oz cereal 16 oz whole grain 2 containers of peanut butter (16-18 oz. each) 8-16 oz cans beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	H16	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk
	Juice:	1-48 oz container		
	3	H21	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
	Cereal:	18 oz		
	Peanut butter:	1 container (16 to 18 oz)		
	4	H21	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
	Cereal:	18 oz		
Peanut butter:	1 container (16 to 18 oz)			
4	H03	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
Cheese:	1-16 oz package			
Whole grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			
2	H22	Milk:	15-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
Juice:	1-48 oz container			
Beans:	4 cans (15 to 16 oz)			
3	H16	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.	
Juice:	1-48 oz container			

CONTINUED – W50	2	H05	Milk: Beans: Fish:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk. 4 cans (15 to16 oz) 29 to 30 oz (canned tuna or canned salmon)
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Food Package	Rank	VC	Voucher Message	
W51 – Soy Milk for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$11 fruit and vegetable 6 gallons soy milk 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W30	Soy Milk:	2 half gallons soy milk
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns		
	3	W74	Soy Milk:	4 half gallons soy milk
	Eggs:	1 dozen		
	Beans:	1 lb dried OR 4 cans (15 to 16 oz)		
1	W69	Soy Milk:	2 half gallons soy milk	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
2	W70	Soy Milk:	2 half gallons soy milk	
Cereal:	36 oz (can choose a combination of allowed box sizes)			
4	W75	Soy Milk:	2 half gallons soy milk	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			

Food Package	Rank	VC	Voucher Message	
W52-Evaporated Milk for Exclusively Breastfeeding/Prenatal Women with Multiples Package/MBF Multiples \$1.11 fruit and vegetable 28-12 oz cans evaporated milk 2 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W44	Cheese:	1-16 oz package
	4	W86	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
	3	W66	Eggs:	1 dozen
	1	W88	Milk:	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
	2	W89	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
	2	W85	Milk:	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
	3	A17	Milk:	4-12 ounce cans low-fat (fat-free, 1%) evaporated Least expensive brand

Food Package	Rank	VC	Voucher Message	
W53 – Soy Milk with Tofu for Exclusively Breastfeeding/ Prenatal Women with Multiples/ MBF Multiples \$11 fruit and vegetable 5 gallons soy milk 4 containers tofu (14 to 16 oz) 1 lb cheese 3-48 oz juice 2 dozen eggs 36 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 1 lb dried beans 29 to 30 oz canned fish	9	P03	Produce:	\$6 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P06	Produce:	\$5 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W30	Soy Milk:	2 half gallons soy milk
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns		
	2	W74	Soy Milk:	4 half gallons soy milk
	Eggs:	1 dozen		
	Beans:	1 lb dried OR 4 cans (15 to 16 oz)		
1	W69	Soy Milk:	2 half gallons soy milk	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
4	W91	Tofu:	4 containers of tofu (14 to 16 oz)	
Cereal:	36 oz (can choose a combination of allowed box sizes)			
3	W75	Soy Milk:	2 half gallons soy milk	
Cheese:	1-16 oz package			
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			

**FP-16: Exclusively Breastfeeding Multiples
W60 – W79 (V60 – V79)**

Food Package	Rank	VC	Voucher Message	
W61 – Exclusively Breastfeeding Multiples - Package A \$17 fruit and vegetable 9 gallon milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W82	Milk:	2 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs::	1 dozen		
4	W03	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			
1	029	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	031	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Cheese:	1-16 oz package			

	3	W23	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	18 oz
	3	W02	Milk:	1gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	W24	Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
			Fish:	14 to 15 oz (canned tuna or canned salmon)

Food Package	Rank	VC	Voucher Message	
V61 – (Assign W61) Exclusively Breastfeeding Multiples Package B \$16 fruit and vegetables 9 gallons of milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 container of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W82	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
	Cereal:	36 oz (can choose a combination of allowed box sizes)		
	2	W03	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Cheese:	1-16 oz package		
Peanut Butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			
1	029	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
3	W23	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Eggs:	1 dozen			
Cereal:	18 oz			
4	W53	Eggs:	1 dozen	
Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns			

			Fish:	14 to 15 oz (canned tuna OR canned salmon)
	3	W26	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Peanut butter:	1 container (16 to 18 oz)
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
W62 – Lactose Intolerant Exclusively Breastfeeding Multiples Package A \$17 fruit and vegetables 36 quarts lactose reduced milk 2 lb cheese 4-48 oz cans juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W27	Milk:	2 gallons OR 4 half gallons low- fat (fat-free, 1% Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
2	W09	Milk:	2 gallons OR 4 half gallons low-fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Eggs:	1 dozen			
3	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, or Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			

	1	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	W29	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
			Cereal:	18 oz
			Fish:	14 to 15 oz (canned tuna OR canned salmon)
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Peanut Butter:	1 container (16-18 oz)
			Fish:	29 to 30 oz (canned tuna or canned salmon)
	3	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher message	
V62 – (Assign W62) Lactose Intolerant Exclusively Breastfeeding Multiples Package B \$16 fruits and vegetables 36 quarts lactose reduced milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 container of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W27	Milk:	2 gallons OR 4 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
	Juice:	2 -48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
2	W09	Milk:	2 gallons OR 4 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Eggs:	1 dozen			
1	024	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	
Beans:	1 lb dried OR 4 cans (15 to 16 oz)			

	2	034	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	3	033	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	501	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free OR Acidophilus OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Juice:	1-48 oz container) OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
	3	W31	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand
			Peanut Butter:	2-containers (16 to 18 oz) peanut butter
			Fish:	29 to 30 oz (canned tuna or canned salmon)
	4	W25	Eggs:	1 dozen
			Cereal:	18 oz
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
W63 – Goat Milk for Exclusively Breastfeeding Multiples Package A \$17 fruits and vegetables 36 quarts of goat milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W17	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	W16	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Cheese:	1-16 oz package
		Peanut Butter:	1 container (16 to 18 oz)	
		Fish:	29 to 30 oz (canned tuna or canned salmon)	
	2	W14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
	3	W32	Goat Milk:	8 quarts low-fat goat milk. No whole milk.
		Cheese:	1-16 oz package	
		Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate	

	2	W33	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	W34	Goat Milk:	6 quarts low-fat goat milk. No whole milk.
			Cereal:	18 oz
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	1	W24	Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
V63 – (Assign W63) Goat Milk for Exclusively Breastfeeding Multiples Package B \$16 fruits and vegetables 36 qt goat milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grain 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W17	Goat milk:	6 quarts low-fat goat milk. No whole milk.
	Eggs:	1 dozen		
	Beans:	1 lb dried OR 4 cans (15 to 16 oz)		
	4	W16	Goat milk:	6 quarts low-fat goat milk. No whole milk.
	Cheese:	1-16 oz package		
Peanut butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			
1	W14	Goat milk:	4 quarts low-fat goat milk. No whole milk.	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Eggs:	1 dozen			
3	W33	Goat milk:	6 quarts low-fat goat milk. No whole milk.	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
Cereal:	36 oz (can choose a combination of allowed box sizes)			
2	W35	Goat milk:	6 quarts low-fat goat milk. No whole milk.	
Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate			

	2	W36	Goat milk:	8 quarts low-fat goat milk. No whole milk.
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Peanut butter:	1 container (16 to 18 oz)
	4	W25	Eggs:	1 dozen
			Cereal:	18 oz
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher Message	
W65 – Tofu for Exclusively Breastfeeding Multiples Package A \$17 fruit and vegetable 8 gallon milk 2 lb cheese 4 containers tofu (14 to 16 oz) 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W82	Milk:	2 gallons only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate		
	Eggs:	1 dozen		
Cereal:	36 oz (can choose a combination of allowed box sizes)			
3	W03	Milk:	2 gallons only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			
2	029	Milk:	2 gallons only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			

	3	031	Milk:	1 gallon only low-fat (fat-free, 1%) No whole or 2% milk Least expensive brand
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cheese:	1-16 oz package
	2	W23	Milk:	1 gallon only low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	18 oz
	4	W38	Tofu:	4 containers of tofu (14 to 16 oz)
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans	1 lb dried OR 4 cans (15 to 16 oz)
	1	W24	Eggs:	1 dozen eggs
			Beans:	1 lb dried or 4 cans (15 to 16 oz)
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package Number	Rank	VC	Voucher Message	
V65 (Assign W65) – Tofu for Exclusively Breastfeeding Multiples Package B \$16 fruit and vegetables 8 gallons of milk 1 lb cheese 4 containers tofu (14 to 16 oz) 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	050	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate		
	Eggs:	1 dozen		
	Cereal:	36 oz (can choose a combination of allowed box sizes)		
2	W03	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Cheese:	1-16 oz package			
Peanut butter:	1 container (16 to 18 oz)			
Fish:	29 to 30 oz (canned tuna or canned salmon)			
1	029	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate			
2	W23	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	
Eggs:	1 dozen			
Cereal:	18 oz			

	3	W53	Eggs:	1 dozen
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Fish	14 to 15 oz (canned tuna OR canned salmon)
	4	W26	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Peanut butter:	1 container (16 to 18 oz)
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	W39	Tofu:	4 containers of tofu (14 to 16 oz)
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate

Food Package Number	Rank	VC	Voucher Message	
W69 – No milk for Exclusively Breastfeeding Multiples Package A MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$17 fruit and vegetables 2 lb cheese 4-48 oz cans juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W62	Cheese:	1-16 oz package
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	4	W08	Eggs:	1 dozen
			Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Peanut Butter:	1 container (16-18 oz)
			Fish:	29 to 30 oz (canned tuna or canned salmon)
	1	W24	Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
			Fish:	14 to 15 oz (canned tuna OR canned salmon)
	4	W54	Cheese:	1-16 oz package
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	3	W63	Juice	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
			Cereal:	18 oz

Food Package number	Rank	VC	Voucher Message	
V69 – (Assign W69)No Milk for Exclusively Breastfeeding Multiples Package B MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$16 fruit and vegetable 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grains 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	W62	Cheese:	1-16 oz package
			Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W66	Eggs:	1 dozen
			Peanut Butter:	1 container (16-18 oz)
			Fish:	29 to 30 oz (canned tuna or canned salmon)
	3	W64	Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
		Peanut butter:	1 container (16 to 18 oz)	
		Beans:	1 lb dried OR 4 cans (15 to 16 oz)	
	4	W65	Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	W25	Eggs:	1 dozen
			Cereal:	18 oz
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
W71– Soy milk for Exclusively Breastfeeding Multiples Package A \$17 fruits and vegetables 9 gallons soy milk 2 lb cheese 4-48 oz juice 3 dozen eggs 54 oz cereal 16 oz whole grain 1 container of peanut butter (16-18 oz.) 2 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P08	Produce:	\$9 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	W74	Soy Milk:	4 half gallons soy milk
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	W75	Soy Milk:	2 half gallons soy milk
			Cheese:	1-16 oz package
			Peanut Butter:	1 container (16 to 18 oz)
		Fish:	29 to 30 oz (canned tuna or canned salmon)	
	2	W69	Soy Milk:	2 half gallons soy milk
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Eggs:	1 dozen	
	2	W76	Soy Milk:	4 half gallons soy milk
		Cheese:	1-16 oz package	
		Cereal:	18 oz	
	4	W77	Soy Milk:	2 half gallons soy milk
		Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate	
		Cereal:	36 oz (can choose a combination of allowed box sizes)	
	4	W30	Soy Milk:	2 half gallons soy milk
		Juice:	2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate	
		Whole Grain:	Pick 1: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns	

	3	W78	Soy milk:	2 half gallons soy milk
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
			Fish:	14 to 15 oz (canned tuna OR canned salmon)

Food Package	Rank	VC	Voucher message	
V71 (Assign W71) Soy Milk for women Exclusively Breastfeeding Multiples Package B \$16 fruits and vegetables 9 gallons soy milk 1 lb cheese 5-48 oz juice 3 dozen eggs 54 oz cereal 32 oz whole grain 2 containers of peanut butter (16-18 oz. each) 1 lb dried beans 43 to 45 oz canned fish	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W74	Soy milk:	4 half gallons soy milk
			Eggs:	1 dozen
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	W75	Soy milk:	2 half gallons soy milk
			Cheese:	1-16 oz package
		Peanut butter:	1 container (16 to 18 oz)	
		Fish:	29 to 30 oz (canned tuna or canned salmon)	
	1	W69	Soy milk:	2 half gallons soy milk
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Eggs:	1 dozen
	3	W77	Soy milk:	2 half gallons soy milk
			Juice:	1-48 oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate
			Cereal:	36 oz (can choose a combination of allowed box sizes)

	2	W79	Soy milk: Juice:	4 half gallons soy milk 2-48 oz containers OR 2-12 oz cans frozen OR 2-11.5 oz cans pourable concentrate
	2	W81	Soy milk: Juice: Peanut butter:	4 half gallons soy milk 1-48oz container OR 1-12 oz can frozen OR 1-11.5 oz can pourable concentrate 1 container (16 to 18 oz)
	4	W25	Eggs: Cereal: Whole grain: Fish:	1 dozen 18 oz Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns 14 to 15 oz (canned tuna OR canned salmon)

**FP-17: Children 12 – 23 Months
(C00-C19)**

Food Package number	Rank	VC	Voucher Message	
C01 - Child 1-2 years old \$8 fruit and vegetables 4 gallon whole milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C03	Milk:	1 gallon Whole milk only Least expensive brand
	2	C04	Juice:	1-64 oz container
	3	C03	Milk:	1 gallon Whole milk only Least expensive brand
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C02 – Lactose Intolerant 1-2 year old \$8 fruit and vegetable 16 quarts lactose reduced whole milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C08	Milk:	1 gallon OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
			Juice:	1-64 oz container
			Eggs:	1 dozen
	3	C09	Milk:	1 gallon OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
			Juice:	1-64 oz container
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	2	C10	Milk:	1 gallon OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	4	C12	Milk:	1 gallon OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C03 – Goat Milk for 1-2 year old \$8 fruit and vegetable 16 quarts of whole goat milk or 21 quarts evaporated goat milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	C15	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	2	C18	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	3	C16	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
		Juice:	1-64 oz container	
		Eggs:	1 dozen	
	4	C17	Goat Milk:	3 quarts whole goat milk OR 4-12 oz cans evaporated goat milk No low-fat milk.
		Juice:	1-64 oz container	
		Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns	
	1	A25	Goat Milk:	4 quarts whole goat milk OR 5-12 oz cans evaporated goat milk. No low-fat milk.

Food Package Number	Rank	VC	Voucher Message	
C05 – Limited Tofu for 1-2 yr old \$8 Fruit and vegetable 3 gallon whole milk 4 containers tofu (14 to 16 oz) 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb dried beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C03	Milk: Juice:	1 gallon Whole milk only Least expensive brand 1-64 oz container
	2	C04	Milk: Cereal: Eggs:	1 gallon Whole milk only Least expensive brand only 36 oz (can choose a combination of allowed box sizes) 1 dozen
	3	C20	Tofu: Juice:	4 containers of tofu (14 to 16 oz) 1-64 oz container
	4	C05	Milk: Whole Grains: Beans:	1 gallon Whole milk only Least expensive brand Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns 1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C09 – No Milk 1-2 year old MEDICAL DOCUMENTAION REQUIRED Can only be given with Food Package III \$8 fruit and vegetable 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	C23	Juice:	1-64 oz container
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	C24	Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C10 – 1-2 year old Alternative Package \$8 fruits and vegetables 64-8 oz UHT whole milk 2-64 oz juice 36 oz cereal 32 oz whole grain 4-16 oz cans beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	H10	Milk: Cereal:	12-8 oz OR half pint boxes whole UHT 18 oz
	1	H23	Milk: Juice:	12-8 oz OR half pint boxes whole UHT 1-64 oz container
	3	H23	Milk: Juice:	12-8 oz OR half pint boxes whole UHT 1-64 oz container
	2	H10	Milk: Cereal:	12-8 oz OR half pint boxes whole UHT 18 oz
	4	H24	Milk: Whole grain: Beans:	16-8 oz OR half pint boxes whole UHT Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C11 – Soy Milk for 1 -2 year old \$8 fruit and vegetable 4 gallons soy milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W70	Soy Milk:	2 half gallons soy milk
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W57	Soy Milk:	2 half gallons soy milk
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	C28	Soy Milk:	2 half gallons soy milk
		Juice:	1-64 oz container	
		Eggs:	1 dozen	
	4	C29	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C12 - Evaporated Milk for 1-2 year old - evaporated \$8 fruit and vegetable 1 gallon whole milk 16-12 oz cans evaporated milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	C33	Milk:	4-12 ounce cans evaporated (whole) Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	2	C31	Milk:	8-12 ounce cans evaporated (whole) Least expensive brand
			Cheese:	1-16 oz package
		Juice:	1-64 oz container	
	1	C32	Milk	4-12 ounce cans evaporated (whole) Least expensive brand
			Juice:	1-64 oz container
	4	C05	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)

Food Package	Rank	VC	Voucher Message	
C13 – Soy Milk with Tofu for 1 -2 year old \$8 fruit and vegetable 3 gallons soy milk 4 containers tofu (14 to 16 oz) 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W91	Tofu:	4 containers of tofu (14 to 16 oz)
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W57	Soy Milk:	2 half gallons soy milk
			Beans:	1 lb dried OR 4 cans (15 to 16 oz)
	2	C28	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Eggs:	1 dozen
	3	C29	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

**FP-18: Children 2 -5 Years
(C20-C39)**

Food Package	Rank	VC	Voucher Message	
C21 2-5 year old \$8 fruit and vegetable 2 ½ gallons milk 1-3 qt dry milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-64 oz containers
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	4	C02	Dry milk:	1-3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skimmed) evaporated
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
C22- Lactose Intolerant 2-5 year old \$8 fruit and vegetable 13 quarts of lactose reduced milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	C11	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
			Juice:	2-64 oz containers
	3	W92	Milk:	1-half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
		Cereal:	36 oz (can choose a combination of allowed box sizes)	
	1	045	Milk:	1 gallon OR 2 half gallons low- fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C35	Milk:	1-3 quart (96 oz) low-fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum. No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C23 – Goat Milk for 2-5 year old \$8 fruit and vegetable 13 quarts of goat milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grains 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W15	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	3	W19	Goat milk:	1 quart low-fat goat milk. No whole Milk.
			Cheese:	1-16 oz package
		Beans/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter	
	1	C13	Goat milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1-64 oz container
			Eggs:	1 dozen
	4	C14	Goat Milk:	4 quarts low-fat goat milk. No whole milk.
			Juice:	1-64 oz container
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package Number	Rank	VC	Voucher Message	
C25- Limited Tofu for 2-5 year old child \$8 Fruit and vegetable 3 gallon milk 4 containers tofu (14 to 16 oz) 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-64 oz containers
	2	C19	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
	4	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
		Eggs:	1 dozen	
		Cereal:	36 oz (can choose a combination of allowed box sizes)	
	3	W42	Tofu:	4 containers of tofu (14 to 16 oz)
			Bean/ Peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package Number	Rank	VC	Voucher Message	
C27 – Whole Milk for 2 -5 year old MEDICAL DOCUMENTATION REQUIRED Can only be given with food package III \$8 fruit and vegetable 4 gallon milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C03	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-64 oz container
	2	C04	Milk:	1 gallon Whole milk only Least expensive brand
			Cereal:	36 oz (can choose a combination of allowed box sizes)
		Eggs:	1 dozen	
	3	C03	Milk:	1 gallon Whole milk only Least expensive brand
			Juice:	1-64 oz container
	4	C22	Milk:	1 gallon Whole milk only Least expensive brand
			Whole Grains:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/peanut Butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
C28 – No Cheese for 2-5 year old \$8 fruit and vegetable 4 gallon milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-64 oz containers
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	2	W22	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	4	C19	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C29 – No Milk for 2-5 year old MEDICAL DOCUMENTATION REQUIRED Can only be given with Food Package III \$8 fruit and vegetable 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	C27	Cheese:	1-16 oz package
			Juice:	1-64 oz container
			Eggs:	1 dozen
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	4	C26	Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
C30 – 2-5 year old Alternative Package \$8 fruit and vegetable 64-8 oz UHT milk 2-64 oz juice 36 oz cereal 32 oz whole grain 1 container of peanut butter (16-18 oz.) 4 cans beans	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Cereal:	18 oz
	4	H17	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Peanut butter:	1 container (16 to 18 oz)
	1	H26	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Juice:	1-64 oz container
		Beans:	4 cans (15 to 16 oz)	
	2	H13	Milk:	12-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Cereal:	18 oz
	4	H25	Milk:	16-8 oz OR half pint boxes low-fat (fat-free, 1%) UHT. No whole or 2% milk.
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C31 – Soy Milk for 2 -5 year old \$8 fruit and vegetable 4 gallons soy milk 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	3	W70	Soy Milk:	2 half gallons soy milk
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W73	Soy Milk:	2 half gallons soy milk
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	2	C28	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Eggs:	1 dozen
	4	C29	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Description	Rank	VC	Category	Message
C32 - Evaporated Milk for 2-5 year old \$8 fruit and vegetable 1 gallon milk 12-12 oz cans evaporated milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	2	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	3	C25	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
			Juice:	1-64 oz container
	1	C34	Milk	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand
			Juice:	1-64 oz container
	4	C21	Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Cheese:	1-16 oz package

Food Package	Rank	VC	Voucher Message	
C33 – Soy Milk with tofu for 2 -5 year old \$8 fruit and vegetable 3 gallons soy milk 4 containers tofu (14 to 16 oz) 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	4	W91	Tofu:	4 containers of tofu (14 to 16 oz)
			Cereal:	36 oz (can choose a combination of allowed box sizes)
	1	W73	Soy Milk:	2 half gallons soy milk
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter
	2	C28	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Eggs:	1 dozen
	3	C29	Soy Milk:	2 half gallons soy milk
			Juice:	1-64 oz container
			Whole grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns

Food Package	Rank	VC	Voucher Message	
C34 Alternating for 2-5 year old Package A \$8 fruit and vegetable 3 gallons milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-64 oz containers
	2	C36	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	4	C37	Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

Food Package	Rank	VC	Voucher Message	
V21 Alternating for 2-5 year old Package B \$8 fruit and vegetable 3 1/2 gallons milk 1 lb cheese 2-64 oz juice 1 dozen eggs 36 oz cereal 32 oz whole grain 1 lb dried beans or 1 container of peanut butter (16-18 oz.)	9	P01	Produce:	\$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.
	1	C01	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Juice:	2-64 oz containers
	2	W04	Milk:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Cheese:	1-16 oz package
	3	W05	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Eggs:	1 dozen
			Cereal	36 oz (can choose a combination of allowed box sizes)
	4	C38	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
			Whole Grain:	Pick 2: 16 oz loaf of bread; 16 oz pkg brown rice; 16 oz pkg tortillas; 16 oz pkg buns
			Beans/peanut butter:	1 lb dried OR 4 cans (15 to 16 oz) beans OR 1 container (16 to 18 oz) peanut butter

FP-19: Special Formula Summary

CPA FPC	Status / Age	System FPC	Formula
Similac Expert Care Alimentum Powder			
R01	FFF 0-2 m	R01	7-16 oz cans powder Similac Expert Care Alimentum
	FFF 3-5 m	S01	8-16 oz cans powder Similac Expert Care Alimentum
	FFF 6-11 m	T01	6-16 oz cans powder Similac Expert Care Alimentum 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S01	FFF 6-11 m	S01	8-16 oz cans powder Similac Expert Care Alimentum
X01	Child	X01	7-16 oz cans powder Similac Expert Care Alimentum
Similac Expert Care Alimentum RTF			
R03	FFF 0-3 m	R03	26-1 qt (32 oz) cans RTF Similac Expert Care Alimentum
	FFF 4-5 m	S03	28-1 qt (32 oz) cans RTF Similac Expert Care Alimentum
	FFF 6-11 m	T03	20-1 qt (32 oz) cans RTF Similac Expert Care Alimentum 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S03	FFF 6-11 m	S03	28-1 qt (32 oz) cans RTF Similac Expert Care Alimentum
X03	Child	X03	28-1 qt (32 oz) cans RTF Similac Expert Care Alimentum
Boost			
X39	Women	X39	30-8 oz containers Boost
X40	Women	X40	60-8 oz containers Boost
X02	Women	X02	90-8 oz containers Boost
X42	Women	X42	112-8 oz containers Boost
Boost Kid Essentials (Retail)			
X07	Child	X07	30-8.25 oz containers ready to feed Boost Kid Essentials
X08	Child	X08	60-8.25 oz containers ready to feed Boost Kid Essentials
X09	Child	X09	90- .25 oz containers ready to feed Boost Kid Essentials
X16	Child	X16	110-8.25 oz containers ready to feed Boost Kid Essentials
Boost Kid Essentials 1.5			
X90	Child	X90	30-8 oz containers ready to feed Boost Kid Essentials 1.5
X93	Child	X93	60-8 oz containers ready to feed Boost Kid Essentials 1.5
X94	Child	X94	90-8 oz containers ready to feed Boost Kid Essentials 1.5
X95	Child	X95	113-8 oz containers ready to feed Boost Kid Essentials 1.5
Boost Kid Essentials 1.5 With Fiber			
X96	Child	X96	30-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X97	Child	X97	60-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X98	Child	X98	90-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
X99	Child	X99	113-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Compleat Pediatric			
Z31	Child	Z31	30-250 ml containers Compleat Pediatric
Z32	Child	Z32	60-250 ml containers Compleat Pediatric
Z33	Child	Z33	90-250 ml containers Compleat Pediatric
Z35	Child	Z35	107-250 ml containers Compleat Pediatric

CPA FPC	Status / Age	System FPC	Formula
EleCare Jr Powder			
EleCare for Infants Powder			
R41	FFF 0-3 m	R41	9-14.1 oz cans powder EleCare for Infants
	FFF 4-5 m	S41	10-14.1 oz cans powder EleCare for Infants
	FFF 6-11 m	T41	7-14.1 oz cans powder EleCare for Infants 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S41	FFF 6-11 m	S41	10-14.1 oz cans powder EleCare for Infants
Enfamil EnfaCare Powder			
R24	FFF 0-3 m	R24	10-12.8 oz cans powder Enfamil EnfaCare
	FFF 4-5 m	S24	11-12.8 oz cans powder Enfamil EnfaCare
	FFF 6-11 m	T24	8-12.8 oz cans powder Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S24	FFF 6-11 m	S24	11-12.8 oz oz cans powder Enfamil EnfaCare
Enfamil EnfaCare RTF			
R26	FFF 0-3 m	R26	26-32 oz cans RTF Enfamil EnfaCare
	FFF 4-5 m	S26	28-32 oz cans RTF Enfamil EnfaCare
	FFF 6-11 m	T26	20-32 oz cans RTF Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S26	FFF 6-11 m	S26	28-32 oz cans RTF Enfamil EnfaCare
Enfamil EnfaCare RTF			
R20	FFF 0-3 m	R20	414-2 oz cans RTF Enfamil EnfaCare
	FFF 4-5 m	S20	456-2 oz cans RTF Enfamil EnfaCare
	FFF 6-11 m	T20	318-2 oz cans RTF Enfamil EnfaCare 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S20	FFF 6-11 m	S20	456-2 oz cans RTF Enfamil EnfaCare
Enfamil Premature 20 RTF			
R30	FFF 0-3 m	R30	414-2 oz cans RTF Enfamil Premature 20
	FFF 4-5 m	S30	456-2 oz cans RTF Enfamil Premature 20
	FFF 6-11 m	T30	318-2 oz cans RTF Enfamil Premature 20 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S30	FFF 6-11 m	S30	456-2 oz cans RTF Enfamil Premature 20
Enfamil Premature 24 RTF			
R40	FFF 0-3 m	R40	414-2 oz cans RTF Enfamil Premature 24
	FFF 4-5 m	S40	456-2 oz cans RTF Enfamil Premature 24
	FFF 6-11 m	T40	318-2 oz cans RTF Enfamil Premature 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S40	FFF 6-11 m	S40	456-2 oz cans RTF Enfamil Premature 24
Ensure Original Nutrition Shake			
X06	Women	X06	30-8 oz containers Ensure Original Nutrition Shake
X38	Women	X38	60-8 oz containers Ensure Original Nutrition Shake
X45	Women	X45	90-8 oz containers Ensure Original Nutrition Shake
X15	Women	X15	108-8 oz containers Ensure Original Nutrition Shake
EO28 Splash			
X51	Child	X51	31-237 ml containers EO28 Splash
X52	Child	X52	62-237 ml containers EO28 Splash
X53	Child	X53	113-237 ml containers EO28 Splash

CPA FPC	Status / Age	System FPC	Formula
Gerber Good Start Premature 24			
R02	FFF 0-3 m	R02	272-3 oz containers RTF feed Gerber Good Start Premature 24
	FFF 4-5 m	S02	304-3 oz containers RTF feed Gerber Good Start Premature 24
	FFF 6-11 m	T02	208-3 oz containers RTF feed Gerber Good Start Premature 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S02	FFF 6-11 m	S02	304-3 oz containers RTF feed Gerber Good Start Premature 24
Neocate Infant DHA & ARA Powder			
R61	FFF 0-2 m	R61	8-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
	FFF 3-5 m	S61	9-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
	FFF 6-11 m	T61	7-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S61	FFF 6-11 m	S61	9-400 grams (14.1 oz) cans powder Neocate Infant DHA & ARA
Neocate Junior Powder			
X75	Child	X75	14-400 grams (14.1 oz) cans powder Neocate Junior
Similac Expert Care Neosure Powder			
R71	FFF 0-3 m	R71	10-13.1 oz Similac Expert Care NeoSure
	FFF 4-5 m	S71	11-13.1 oz Similac Expert Care NeoSure
	FFF 6-11 m	T71	8-13.1 oz Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S71	FFF 6-11 m	S71	11-13.1 oz Similac Expert Care NeoSure
X92	Child	X92	10-13.1 oz Similac Expert Care NeoSure
Similac Expert Care NeoSure – 1 qt (32 oz) RTF			
R73	FFF 0-3 m	R73	26-1 qt (32 oz) cans RTF Similac Expert Care NeoSure
	FFF 4-5 m	S73	28-1 qt (32 oz) cans RTF Similac Expert Care NeoSure
	FFF 6-11 m	T73	20-1 qt (32 oz) cans RTF Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S73	FFF 6-11 m	S73	28-1 qt (32 oz) cans RTF Similac Expert Care NeoSure
X73	Child	X73	28-1 qt (32 oz) cans RTF Similac Expert Care NeoSure
Similac Expert Care NeoSure – 2 oz RTF			
R70	FFF 0-3 m	R70	416-2 oz cans RTF Similac Expert Care NeoSure
	FFF 4-5 m	S70	456-2 oz cans RTF Similac Expert Care NeoSure
	FFF 6-11 m	T70	320-2 oz cans RTF Similac Expert Care NeoSure 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S70	FFF 6-11 m	S70	456-2 oz cans RTF Similac Expert Care NeoSure
Nepro with Carb Steady RTF			
Z41	Child	Z41	30-8 oz cans Nepro
Z42	Child	Z42	60-8 oz cans Nepro
Z43	Child	Z43	90-8 oz cans Nepro
Z44	Child	Z44	112-8 oz cans Nepro
Nutramigen with Enflora LGG Powder			
R81	FFF 0-3 m	R81	10-12.6 oz cans powder Nutramigen with Enflora IGG
	FFF 4-5 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG
	FFF 6-11 m	T81	8-12.6 oz cans powder Nutramigen with Enflora LGG 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S81	FFF 6-11 m	S81	11-12.6 oz cans powder Nutramigen with Enflora LGG

CPA FPC	Status / Age	System FPC	Formula
X81	Child	X81	10-12.6 oz cans powder Nutramigen with Enflora LGG
Nutramigen Concentrate			
R82	FFF 0-3 m	R82	31-13 oz cans concentrate Nutramigen
	FFF 4-5 m	S82	34-13 oz cans concentrate Nutramigen
	FFF 6-11 m	T82	24-13 oz cans concentrate Nutramigen 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S82	FFF 6-11 m	S82	34-13 oz cans concentrate Nutramigen
X82	Child	X82	35-13 oz cans concentrate Nutramigen
Nutramigen – 32 oz RTF			
R83	FFF 0-3 m	R83	26-32 oz cans RTF Nutramigen
	FFF 4-5 m	S83	28-32 oz cans RTF Nutramigen
	FFF 6-11 m	T83	20-32 oz cans RTF Nutramigen 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S83	FFF 6-11 m	S83	28-32 oz cans RTF Nutramigen
X83	Child	X83	28-32 oz cans RTF Nutramigen
PurAmino			
R91	FFF 0-2 m	R91	8-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino
	FFF 3-5 m	S91	9-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino
	FFF 6-11 m	T91	7-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S91	FFF 6-11 m	S91	9-400 gram (14.1 oz) cans powder Nutramigen AA or PurAmino
Nutren 1.5			
Z45	Women	Z45	30-250 ml containers Nutren 1.5
Z46	Women	Z46	60-250 ml containers Nutren 1.5
Z47	Women	Z47	90-250 ml containers Nutren 1.5
Z48	Women	Z48	107-250 ml containers Nutren 1.5
Nutren 2.0			
X54	Women	X54	35-250 ml containers Nutren 2.0
X55	Women	X55	59-250 ml containers Nutren 2.0
X56	Women	X56	107-250 ml containers Nutren 2.0
Nutren Junior			
X57	Child	X57	35-250 ml containers Nutren Junior
X58	Child	X58	59-250 ml containers Nutren Junior
X59	Child	X59	107-250 ml containers Nutren Junior
Nutren Junior Fiber			
X60	Child	X60	35-250 ml containers Nutren Junior Fiber
X37	Child	X37	59-250 ml containers Nutren Junior Fiber
X62	Child	X62	107-250 ml containers Nutren Junior Fiber
PediaSure Ready to Feed			
X84	Child	X84	30-8 oz containers PediaSure
X30	Child	X30	60-8 oz containers PediaSure
X87	Child	X87	90-8 oz containers PediaSure
X88	Child	X88	108-8 oz containers PediaSure

CPA FPC	Status / Age	System FPC	Formula
			PediaSure 1.5 Cal
Z53	Child	Z53	30-8 oz containers PediaSure 1.5 Cal
Z54	Child	Z54	60-8 oz containers PediaSure 1.5 Cal
Z55	Child	Z55	90-8 oz containers PediaSure 1.5 Cal
Z56	Child	Z56	113-8 oz containers PediaSure 1.5 Cal
			PediaSure 1.5 Cal with fiber
Z57	Child	Z57	30-8 oz containers PediaSure 1.5 Cal with fiber
Z58	Child	Z58	60-8 oz containers PediaSure 1.5 Cal with fiber
Z59	Child	Z59	90-8 oz containers PediaSure 1.5 Cal with fiber
Z60	Child	Z60	113-8 oz containers PediaSure 1.5 Cal with fiber
			PediaSure Enteral
Z27	Child	Z27	30-8 oz containers PediaSure Enteral
Z28	Child	Z28	60-8 oz containers PediaSure Enteral
Z29	Child	Z29	90-8 oz containers PediaSure Enteral
Z30	Child	Z30	113-8 oz containers PediaSure Enteral
			PediaSure Enteral 1.0 cal with Fiber
Z37	Child	Z37	30-8 oz containers PediaSure Enteral 1.0 cal with Fiber
Z38	Child	Z38	60-8 oz containers PediaSure Enteral 1.0 cal with Fiber
Z39	Child	Z39	90-8 oz containers PediaSure Enteral 1.0 cal with Fiber
Z40	Child	Z40	113-8 oz containers PediaSure Enteral 1.0 cal with Fiber
			Pediasure Peptide 1.0 Cal
Z10	Child	Z10	30-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z11	Child	Z11	60-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z12	Child	Z12	90-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z13	Child	Z13	113-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
			PediaSure with Fiber Ready to Feed
X76	Child	X76	30-8 oz containers PediaSure with Fiber
X85	Child	X85	60-8 oz containers PediaSure with Fiber
X78	Child	X78	90-8 oz containers PediaSure with Fiber
X79	Child	X79	108-8 oz containers PediaSure with Fiber
			Peptamen
X63	Women	X63	35-250 ml containers Peptamen
X64	Women	X64	59-250 ml containers Peptamen
X65	Women	X65	107-250 ml containers Peptamen
			Peptamen Junior
X66	Child	X66	35-250 ml containers Peptamen Junior
X67	Child	X67	59-250 ml containers Peptamen Junior
X68	Child	X68	107-250 ml containers Peptamen Junior
			Peptamen Junior Fiber
Z05	Child	Z05	30-250 ml containers Peptamen Junior Fiber
Z06	Child	Z06	60-250 ml containers Peptamen Junior Fiber
Z07	Child	Z07	90-250 ml containers Peptamen Junior Fiber
Z08	Child	Z08	107-250 ml containers Peptamen Junior Fiber
			Peptamen Junior with Prebio
X69	Child	X69	35-250 ml containers Peptamen Junior with Prebio
X70	Child	X70	59-250 ml containers Peptamen Junior with Prebio

CPA FPC	Status / Age	System FPC	Formula
X05	Child	X05	107-250 ml containers Peptamen Junior with Prebio
			Peptamen Junior 1.5
Z01	Child	Z01	30-250 ml containers Peptamen Junior 1.5
Z02	Child	Z02	60-250 ml containers Peptamen Junior 1.5
Z03	Child	Z03	90-250 ml containers Peptamen Junior 1.5
Z04	Child	Z04	107-250 ml containers Peptamen Junior 1.5
			Portagen Powder
X20	Child	X20	13-1 lb cans powder Portagen
			Pregestimil Powder
R04	FFF 0-2 m	R04	7-16 oz cans powder Pregestimil
	FFF 3-5 m	S04	8-16 oz cans powder Pregestimil
	FFF 6-11 m	T04	6-16 oz cans powder Pregestimil 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S04	FFF 6-11 m	S04	8-16 oz cans powder Pregestimil
X04	Child	X04	8-16 oz cans powder Pregestimil
			Pregestimil 20 cal RTF
R05	FFF 0-2 m	R05	414- 2 oz containers ready to feed Pregestimil 20 Calorie
	FFF 3-5 m	S05	456-2 oz containers ready to feed Pregestimil 20 Calorie
	FFF 6-11 m	T05	318- 2 oz containers ready to feed Pregestimil 20 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S05	FFF 6-11 m	S05	456- 2 oz containers ready to feed Pregestimil 20 Calorie
			Pregestimil 24 cal RTF
R06	FFF 0-2 m	R06	414- 2 oz containers ready to feed Pregestimil 24 Calorie
	FFF 3-5 m	S06	456-2 oz containers ready to feed Pregestimil 24 Calorie
	FFF 6-11 m	T06	318- 2 oz containers ready to feed Pregestimil 24 Calorie 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S06	FFF 6-11 m	S06	456- 2 oz containers ready to feed Pregestimil 24 Calorie
			Boost Breeze
Z19	Child	Z19	30-8 oz containers ready to feed Boost Breeze
Z20	Child	Z20	60-8 oz containers ready to feed Boost Breeze
Z21	Child	Z21	90-8 oz containers ready to feed Boost Breeze
Z22	Child	Z22	113-8 oz containers ready to feed Boost Breeze
			Similac PM 60/40 Powder
R14	FFF 0-3 m	R14	8-14.1 oz cans powder Similac PM 60/40
	FFF 4-5 m	S14	9-14.1 oz cans powder Similac PM 60/40
	FFF 6 m	V14	7-14.1 oz cans powder Similac PM 60/40 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
	FFF 7-11 m	T14	6-14.1 oz cans powder Similac PM 60/40 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S14	FFF 6-11 m	S14	9-14.1 oz cans powder Similac PM 60/40
X14	Child	X14	8-14.1 oz cans powder Similac PM 60/40

CPA FPC	Status / Age	System FPC	Formula
Similac Special Care 20 – 2 oz RTF			
R10	FFF 0-3 m	R10	416-2 oz cans RTF Similac Special Care 20
	FFF 4-5 m	S10	456-2 oz cans RTF Similac Special Care 20
	FFF 6-11 m	T10	320-2 oz cans RTF Similac Special Care 20 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S10	FFF 6-11 m	S10	456-2 oz cans RTF Similac Special Care 20
Similac Special Care 24 – 2 oz RTF			
R50	FFF 0-3 m	R50	416-2 oz cans RTF Similac Special Care 24
	FFF 4-5 m	S50	456-2 oz cans RTF Similac Special Care 24
	FFF 6-11 m	T50	320-2 oz cans RTF Similac Special Care 24 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S50	FFF 6-11 m	S50	456-2 oz cans RTF Similac Special Care 24
Similac Special Care 30 – 2 oz RTF			
R60	FFF 0-3 m	R60	416-2 oz cans RTF Similac Special Care 30
	FFF 4-5 m	S60	456-2 oz cans RTF Similac Special Care 30
	FFF 6-11 m	T60	320-2 oz cans RTF Similac Special Care 30 32 jars baby fruit/vegetable, 3-8 oz box infant cereal
S60	FFF 6-11 m	S60	456-2 oz cans RTF Similac Special Care 30
Suplena			
Z14	Child	Z14	30-8 oz containers ready to feed Suplena
Z15	Child	Z15	60-8 oz containers ready to feed Suplena
Z16	Child	Z16	90-8 oz containers ready to feed Suplena
Z18	Child	Z18	113-8 oz containers ready to feed Suplena
Vivonex Pediatric			
Z23	Child	Z23	30-1.7 oz packets powder Vivonex Pediatric
Z24	Child	Z24	60-1.7 oz packets powder Vivonex Pediatric
Z25	Child	Z25	90-1.7 oz packets powder Vivonex Pediatric
Z26	Child	Z26	102-1.7 oz packets powder Vivonex Pediatric
Tracking Vouchers			
099	All	099	Emory Genetics tracking voucher
197	All	197	Formula provided from stock on hand
199	All	199	Formula ordered from Nutrition Unit
290	Infant	290	Infant in hospital/Not receiving formula from WIC

FP-20: Special Formulas for Fully Formula Fed Infants

Similac Expert Care Alimentum

Food Package Code	Rank	VC	Voucher Message	
R01 7-16 oz cans powder Similac Expert Care Alimentum	4	360	Special Formula	4-16 oz cans powder Similac Expert Care Alimentum
	2	S01	Special Formula	3-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
S01 (Assign R01) 8-16 oz cans powder Similac Expert Care Alimentum	2	360	Special Formula	4-16 oz cans powder Similac Expert Care Alimentum
	4	360	Special Formula	4-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
T01 (Assign R01) 6-16 oz cans powder Similac Expert Care Alimentum 32-4 oz infant food 3-8 oz infant cereal	2	S01	Special Formula	3-16 oz cans powder Similac Expert Care Alimentum
	4	S01	Special Formula	3-16 oz cans powder Similac Expert Care Alimentum
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				
R03 26-32 oz containers ready to feed Similac Expert Care Alimentum	2	130	Special Formula	13-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
	4	130	Special Formula	13-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
S03 (Assign R03) 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Special Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
	4	150	Special Formula	14-32 oz containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				
T03 (Assign R03) 20-32 oz containers ready to feed Similac Expert Care Alimentum 32-4 oz infant food 3-8 oz infant cereal	2	N05	Special Formula	10-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
	4	N05	Special Formula	10-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

EleCare for Infants

Food Package Code	Rank	VC	Voucher Message	
R41 9-14.1 oz cans powder EleCare for Infants	4	S33	Special Formula	6-14.1 oz cans powder EleCare for Infants (1 case)
	2	S34	Special Formula	3-14.1 oz cans powder EleCare for Infants
Medical Documentation Required				
S41 (Assign R41) 10-14.1 oz cans powder EleCare for Infants	4	S33	Special Formula	6-14.1 oz cans powder EleCare for Infants (1 case)
	2	S35	Special Formula	4-14.1 oz cans powder EleCare for Infants
Medical Documentation Required				
T41 (Assign R41) 7-14.1 oz cans powder EleCare for Infants	4	S33	Special Formula	6-14.1 oz cans powder EleCare for Infants (1 case)
	2	S36	Special Formula	1-14.1 oz can powder EleCare for Infants
32-4 oz infant food	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
3-8 oz infant cereal	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
Medical Documentation Required				
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Enfamil EnfaCare

Food Package Code	Rank	VC	Voucher Message	
R24 10-12.8 oz cans powder Enfamil EnfaCare	4	541	Special Formula	6-12.8 oz cans powder Enfamil EnfaCare
	2	542	Special Formula	4-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
S24 (Assign R24) 11-12.8 oz cans powder Enfamil EnfaCare	4	541	Special Formula	6-12.8 oz cans powder Enfamil EnfaCare
	2	S11	Special Formula	5-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
T24 (Assign R24) 8-12.1 oz cans powder Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal	2	542	Special Formula	4-12.8 oz cans powder Enfamil EnfaCare
	4	542	Special Formula	4-12.8 oz cans powder Enfamil EnfaCare
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				
R26 26-32 oz containers ready to feed Enfamil EnfaCare	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	S13	Special Formula	2-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				
S26 (Assign R26) 28-32 oz containers ready to feed Enfamil EnfaCare	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S12	Special Formula	4-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
T26 (Assign R26) 20-32 oz containers ready to feed Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S13	Special Formula	2-32 oz containers ready to feed Enfamil EnfaCare
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Food Package Code	Rank	VC	Voucher Message	
R20 414-2 oz containers ready to feed Enfamil EnfaCare Medical Documentation Required	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	540	Special Formula	18-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare
S20 (Assign R20) 456-2 oz containers ready to feed Enfamil EnfaCare Medical Documentation Required	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 case)
	4	539	Special Formula	48-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare
T20 (Assign R20) 318-2 oz containers ready to feed Enfamil EnfaCare 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	540	Special Formula	18-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
R30 414-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	546	Special Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
S30 (Assign R30) 456-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Special Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
T30 (Assign R30) 318-2 oz containers ready to feed iron fortified Enfamil Premature 20 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	546	Special Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
R40 414-2 oz containers ready to feed iron fortified Enfamil Premature 24 Medical Documentation Required	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 case)
	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	548	Special Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 24
	4	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
S40 (Assign R40) 456-2 oz containers ready to feed Enfamil Premature 24 Medical Documentation Required	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Special Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1 case)
	2	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
	2	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
T40 (Assign R40) 318-2 oz containers ready to feed iron fortified Enfamil Premature 24 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
	2	548	Special Formula	18-2 oz containers ready to feed iron fortified Enfamil Premature 24
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Nourish (Product Discontinued -Vouchers Deactivated)

Food Package Code	Rank	VC	Voucher Message	
R07	2	L06	Special Formula	5-12.6 oz cans powder Gerber Good Start Nourish
10-12.6 oz powder Gerber Good Start Nourish	4	L06	Special Formula	5-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
S07 (Assign R07)	2	L06	Special Formula	5-12.6 oz cans powder Gerber Good Start Nourish
11-12.6 oz powder Gerber Good Start Nourish	4	L07	Special Formula	6-12.6 oz cans powder Gerber Good Start Nourish
Medical Documentation Required				
T07 (Assign R07)	2	L08	Special Formula	4-12.6 Noz cans powder Gerber Good Start Nourish
8-12.6 oz powder Gerber Good Start Nourish	4	L08	Special Formula	4-12.6 oz cans powder Gerber Good Start Nourish
32 jars baby fruit/vegetable	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
3-8 oz box infant cereal	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
Medical Documentation Required	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Gerber Good Start Premature 24

Food Package Code	Rank	VC	Voucher Message	
R02 272 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	2	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S40	Special Formula	32-3 oz containers ready to feed Gerber Good Start Premature 24 (four 8-packs)
S02 (Assign R02) 304 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	2	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S42	Special Formula	16-3 oz containers ready to feed Gerber Good Start Premature 24 (two 8-packs)
T02 (Assign R02) 208 - 3 oz containers ready to feed Gerber Good Start Premature 24 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	2	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S42	Special Formula	16-3 oz containers ready to feed Gerber Good Start Premature 24 (two 8-packs)
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Neocate Infant DHA & ARA

Food Package Code	Rank	VC	Voucher Message	
R61 8-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA	2	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
Medical Documentation Required				
S61 (Assign R61) 9-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA	2	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Special Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA
Medical Documentation Required				
T61 (Assign R61) 7-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA 32-4 oz infant food 3-8 oz infant cereal	2	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Special Formula	1-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Special Formula	1-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Special Formula	1-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

Similac Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
R71 10-13.1 oz Similac Expert Care Neosure	4	519	Special Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	520	Special Formula	4-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
S71 (Assign R71) 11-13.1 oz Similac Expert Care Neosure	4	519	Special Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	S25	Special Formula	5-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
T71 (Assign R71) 8-13.1 oz Similac Expert Care Neosure 32-4 oz infant food 3-8 oz infant cereal	2	520	Special Formula	4-13.1 oz cans Similac Expert Care NeoSure
	4	520	Special Formula	4-13.1 oz cans Similac Expert Care NeoSure
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
R73 Similac Expert Care NeoSure Medical Documentation Required	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S10	Special Formula	2-1 qt (32 oz) containers ready to feed Similac NeoSure or Similac Expert Care NeoSure
S73 (Assign R73) 28-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure Medical Documentation Required	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	S09	Special Formula	4-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure

Food Package Code	Rank	VC	Voucher Message	
T73 (Assign R73) 20-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	S10	Special Formula	2-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
R70 416-2 oz containers ready to feed Similac Expert Care NeoSure Medical Documentation Required	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	4	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure

Food Package Code	Rank	VC	Voucher Message	
S70 (Assign R70) 456-2 oz containers ready to feed Similac Expert Care NeoSure Medical Documentation Required	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	515	Special Formula	48-2 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	2	481	Special Formula	4-2 oz containers ready to feed Similac Expert Care Neosure (one 4-pack)
	2	481	Special Formula	4-2 oz containers ready to feed Similac Expert Care Neosure (one 4-pack)
T70 (Assign R70) 320-2 oz containers ready to feed Similac Expert Care NeoSure 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	2	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	2	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
R82 31-13 oz cans concentrate Nutramigen	2	N08	Special Formula	15-13 oz cans concentrate Nutramigen
	4	N67	Special Formula	16-13 oz cans concentrate Nutramigen
Medical Documentation Required				
S82 (Assign R82) 34-13 oz cans concentrate Nutramigen	2	N08	Special Formula	15-13 oz cans concentrate Nutramigen
	4	N57	Special Formula	19-13 oz cans concentrate Nutramigen
Medical Documentation Required				
T82 (Assign R82) 24-13 oz cans concentrate Nutramigen 32-4 oz infant food 3-8 oz infant cereal	2	163	Special Formula	12-13 oz cans concentrate Nutramigen
	4	163	Special Formula	12-13 oz cans concentrate Nutramigen
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				
R81 10–12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Special Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
	4	156	Special Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				
S81 (Assign R81) 11-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Special Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
	4	155	Special Formula	6-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				

Food Package Code	Rank	VC	Voucher Message	
T81 (Assign R81) 8-12.6 oz cans powder Nutramigen with Enflora LGG 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	4	156	Special Formula	5-12.6 oz cans powder Nutramigen
	2	S32	Special Formula	3-12.6 oz cans powder Nutramigen
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
R83 26-32 oz containers ready to feed Nutramigen Medical Documentation Required	2	S30	Special Formula	13-32 oz containers ready to feed Nutramigen
	4	S30	Special Formula	13-32 oz containers ready to feed Nutramigen
S83 (Assign R83) 28-32 oz containers ready to feed Nutramigen Medical Documentation Required	2	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
	4	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
T83 (Assign R83) 20-32 oz containers ready to feed Nutramigen 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	S29	Special Formula	10-32 oz containers ready to feed Nutramigen
	4	S29	Special Formula	10-32 oz containers ready to feed Nutramigen
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Nutramigen AA or PurAmino

Food Package Code	Rank	VC	Voucher Message	
R91 8-14.1 oz cans powder Nutramigen AA or PurAmino	2	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	4	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
Medical Documentation Required				
S91 (Assign R91) 9-14.1 oz cans powder Nutramigen AA or PurAmino	2	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	4	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	4	707	Special Formula	1-400 gram (14.1 oz) can powder Nutramigen AA OR PurAmino
Medical Documentation Required				
T91 (Assign R91) 7-14.1 oz cans powder Nutramigen AA or PurAmino	4	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	2	S14	Special Formula	3-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
R04 7-16 oz cans powder Pregestimil	4	140	Special Formula	4-16 oz cans powder Pregestimil Pregestimil
	2	S08	Special Formula	3-16 oz cans powder Pregestimil
Medical Documentation Required				
S04 (Assign R04) 8-16 oz cans powder Pregestimil	2	140	Special Formula	4-16 oz cans powder Pregestimil
	4	140	Special Formula	4-16 oz cans powder Pregestimil
Medical Documentation Required				
T04 (Assign R04) 6-16 oz cans powder Pregestimil 32-4 oz infant food 3-8 oz infant cereal	2	S08	Special Formula	3-16 oz cans powder Pregestimil
	4	S08	Special Formula	3-16 oz cans powder Pregestimil
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

Pregestimil 20 Calorie

Food Package Code	Rank	VC	Voucher Message	
R05 414-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S62	Special Formula	30-2 oz containers ready to feed Pregestimil 20 Calorie (five 6-packs)
S05 (Assign R05) 456-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S63	Special Formula	48-2 oz containers ready to feed Pregestimil 20 Calorie (1 case)
	2	S64	Special Formula	12-2 oz containers ready to feed Pregestimil 20 Calorie (two 6-packs)
	2	S64	Special Formula	12-2 oz containers ready to feed Pregestimil 20 Calorie (two 6-packs)
T05 (Assign R05) 318-2 oz containers ready to feed Pregestimil 20 Calorie 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S62	Special Formula	30-2 oz containers ready to feed Pregestimil 20 Calorie (five 6-packs)
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Pregestimil 24 Calorie

Food Package Code	Rank	VC	Voucher Message	
R06 414-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Special Formula	96- 2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S66	Special Formula	30-2 oz containers ready to feed Pregestimil 24 Calorie (five 6-packs)
S06 (Assign R06) 456-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S67	Special Formula	48-2 oz containers ready to feed Pregestimil 24 Calorie (1 case)
	2	S68	Special Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)
	2	S68	Special Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)
T06 (Assign R06) 318-2 oz containers ready to feed Pregestimil 24 Calorie 32-4 oz infant food 3-8 oz boxes infant cereal Medical Documentation Required	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	2	S66	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
R14 8-14.1 oz cans powder Similac PM 60/40	2	529	Special Formula	4-14.1 oz cans powder Similac PM 60/40
	4	529	Special Formula	4-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				
S14 (Assign R14) 9-14.1 oz cans powder Similac PM 60/40	4	527	Special Formula	6-14.1 oz cans powder Similac PM 60/40
	2	528	Special Formula	3-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				
V14 (Assign R14) 7-14.1 oz cans powder Similac PM 60/40 (special package given at six months of age for one month) 32-4 oz jars infant fruit and vegetables 3-8 oz infant cereal	4	529	Special Formula	4-14.1 oz cans powder Similac PM 60/40
	2	528	Special Formula	3-14.1 oz cans powder Similac PM 60/40
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				
T14 (assign R14) 6-14.1 oz cans powder Similac PM 60/40 32-4 oz infant food 3-8 oz infant cereal	2	528	Special Formula	3-14.1 oz cans powder Similac PM 60/40
	4	528	Special Formula	3-14.1 oz cans powder Similac PM 60/40
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers
Medical Documentation Required				

Similac Special Care 20

Food Package Code	Rank	VC	Voucher Message	
R10 416-2 oz containers ready to feed Similac Special Care 20 With Iron Medical Documentation Required	2	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	S10 (Assign R10) 456-2 oz containers ready to feed Similac Special Care 20 With Iron Medical Documentation Required	2	598	Special Formula
2		598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
4		598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
4		598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
4		521	Special Formula	48-2 oz containers ready to feed Similac Special Care 20 With Iron
2		522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
2		502	Special Formula	8-2 oz containers ready to feed Similac Special Care 20 With Iron (one 8-pack)

Food Package Code	Rank	VC	Voucher Message	
T10 (Assign R10) 320-2 oz containers ready to feed Similac Special Care 20 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers	

Similac Special Care 24

Food Package Code	Rank	VC	Voucher Message	
R50 416-2 oz containers ready to feed Similac Special Care 24 With Iron Medical Documentation Required	2	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	4	524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	S50 (Assign R50) 456- 2 oz containers ready to feed Similac Special Care 24 With Iron Medical Documentation Required	2	594	Special Formula
2		594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
2		594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
4		594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
4		523	Special Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
2		524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
2		503	Special Formula	8-2 oz containers ready to feed Similac Special Care 24 With Iron (one 8-pack)

Food Package Code	Rank	VC	Voucher Message	
T50 (Assign R50) 320-2 oz containers ready to feed Similac Special Care 24 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	2	524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

Similac Special Care 30

Food Package Code	Rank	VC	Voucher Message	
R60 416-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	4	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
S60 (Assign R60) 456-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Special Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	504	Special Formula	8-2 oz containers ready to feed Similac Special Care 30 With Iron (one 8-pack)

Food Package Code	Rank	VC	Voucher Message	
T60 (Assign) 320-2 oz containers ready to feed Similac Special Care 30 With Iron 32-4 oz infant food 3-8 oz infant cereal Medical Documentation Required	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	4	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	2	N76	Infant foods:	14-4 oz OR 7-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2nd foods)
	4	N82	Infant foods: Infant cereal:	4-4 oz OR 2-8 oz (twin pack) containers baby food fruit and/or vegetable (Stage 2 or 2 nd foods) OR 4 fresh bananas 3-8 oz containers

FP-21: Food Package III - Special Infant Formulas for Children

Similac Expert Care Alimentum

Food Package Code	Rank	VC	Voucher Message	
X01 7-1 lb cans powder Similac Expert Care Alimentum	4	360	Special Formula	4-1 lb cans powder Similac Expert Care Alimentum
	2	S01	Special Formula	3-1 lb cans powder Similac Expert Care Alimentum
Medical Documentation Required				
X03 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Special Formula	14-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
	4	150	Special Formula	14-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
X92 10-13.1 oz Similac Expert Care Neosure	4	519	Special Formula	6-13.1 oz cans Similac Expert Care NeoSure (1 case)
	2	520	Special Formula	4-13.1 oz cans Similac Expert Care NeoSure
Medical Documentation Required				
X73 28-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure	1	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	3	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S09	Special Formula	4-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure
Medical Documentation Required				

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
X81 10-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Special Formula	5-12.6 oz cans powder with Nutramigen with Enflora LGG
	4	156	Special Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				
X82 35-13 oz cans concentrate Nutramigen	2	N67	Special Formula	16-13 oz cans concentrate Nutramigen
	4	N57	Special Formula	19-13 oz cans concentrate Nutramigen
Medical Documentation Required				
X83 28-32 oz containers ready to feed Nutramigen	1	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
	1	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
Medical Documentation Required				

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
X04 8-1 lb cans powder Pregestimil	2	140	Special Formula	4-1 lb cans powder Pregestimil
	4	140	Special Formula	4-1 lb cans powder Pregestimil
Medical Documentation Required				

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
X14 8-14.1 oz cans powder Similac PM 60/40	2	529	Special Formula	4-14.1 oz cans powder Similac PM 60/40
	4	529	Special Formula	4-14.1 oz cans powder Similac PM 60/40
Medical Documentation Required				

FP-22: Food Package III - Special Formulas for Children

Boost Kid Essentials

Food Package Code	Rank	VC	Voucher Message	
X07 30-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S02	Special Formula	16 - 8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	2	S04	Special Formula	12 - 8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
	2	S07	Special Formula	2 - 8.25 oz containers ready to feed Boost Kid Essentials
X08 60-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S02	Special Formula	16-8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	2	S04	Special Formula	12-8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
X09 90-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	3	S02	Special Formula	16-8.25 oz containers ready to feed Boost Kid Essentials (1 case)
	1	S06	Special Formula	8-8.25 oz containers ready to feed Boost Kid Essentials (two 4-packs)
	1	S07	Special Formula	2-8.25 oz containers ready to feed Boost Kid Essentials
X16 110-8.25 oz containers ready to feed Boost Kid Essentials Medical Documentation Required	4	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	3	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	2	S05	Special Formula	32-8.25 oz containers ready to feed Boost Kid Essentials (2 cases)
	1	S04	Special Formula	12-8.25 oz containers ready to feed Boost Kid Essentials (three 4-packs)
	1	S07	Special Formula	2-8.25 oz containers ready to feed Boost Kid Essentials

Boost Kid Essentials 1.5

Food Package Code	Rank	VC	Voucher Message	
X90 30 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S17	Special Formula	3 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X93 60 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	4	S18	Special Formula	6 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X94 90 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S16	Special Formula	54 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (2 cases)
	2	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	2	S19	Special Formula	9 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				
X95 113 - 8 oz containers ready to feed Boost Kid Essentials 1.5	4	S16	Special Formula	54 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (2 cases)
	2	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	1	S15	Special Formula	27 - 8 oz containers ready to feed Boost Kid Essentials 1.5 (1 case)
	3	S23	Special Formula	5 - 8 oz containers ready to feed Boost Kid Essentials 1.5
Medical Documentation Required				

Boost Kid Essentials 1.5 With Fiber

Food Package Code	Rank	VC	Voucher Message	
X96 30-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S26	Special Formula	3-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
97 60-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	4	S27	Special Formula	6-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
X98 90- oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S28	Special Formula	54-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (2 cases)
	2	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	2	S31	Special Formula	9-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				
X99 113-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber	4	S28	Special Formula	54-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (2 cases)
	2	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	1	S24	Special Formula	27-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber (1 case)
	3	S37	Special Formula	5-8 oz containers ready to feed Boost Kid Essentials 1.5 With Fiber
Medical Documentation Required				

Compleat Pediatric

Food Package Code	Rank	VC	Voucher Message	
Z31 30-50 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	2	N70	Special Formula	6-50 ml containers ready to feed Compleat Pediatric
Z32 60-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	2	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	4	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	4	N71	Special Formula	12-250 ml containers ready to feed Compleat Pediatric
Z33 90-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N69	Special Formula	48-250 ml containers ready to feed Compleat Pediatric (2 cases)
	2	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	3	N70	Special Formula	6-250 ml containers ready to feed Compleat Pediatric
	1	N71	Special Formula	12-250 ml containers ready to feed Compleat Pediatric
Z35 107-250 ml containers ready to feed Compleat Pediatric Medical Documentation Required	4	N69	Special Formula	48-250 ml containers ready to feed Compleat Pediatric (2 cases)
	1	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	2	N68	Special Formula	24-250 ml containers ready to feed Compleat Pediatric (1 case)
	3	N73	Special Formula	11-250 ml containers ready to feed Compleat Pediatric

EleCare Jr

Food Package Code	Rank	VC	Voucher Message	
X89 9-14.1 oz cans powder EleCare Jr Medical Documentation Required	4	532	Special Formula	6-14.1 oz cans powder EleCare Jr (1 case)
	2	533	Special Formula	3-14.1 oz cans powder EleCare Jr

EO28 Splash

Food Package Code	Rank	VC	Voucher Message	
X51 31-237 ml containers ready to feed EO28 Splash Medical Documentation required	4	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	2	514	Special Formula	4-237 ml containers ready to feed EO28 Splash
X52 62-237 ml containers ready to feed EO28 Splash Medical Documentation Required	2	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	1	514	Special Formula	4-237 ml containers ready to feed EO28 Splash
	3	514	Special Formula	4-237 ml containers ready to feed EO28 Splash
X53 113-237 ml containers ready to feed EO28 Splash Medical Documentation Required	1	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	2	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	3	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	513	Special Formula	27-237 ml containers ready to feed EO28 Splash (1 case)
	4	514	Special Formula	4-237 ml containers ready to feed EO28 Splash
	4	310	Special Formula	1-237 ml container ready to feed EO28 Splash

Neocate Junior

Food Package Code	Rank	VC	Voucher Message	
X75 14-400 gram (14.1 oz) cans powder Neocate Junior Medical Documentation required	2	508	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	3	508	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	4	508	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Junior
	1	509	Special Formula	2-400 gram (14.1 oz) cans powder Neocate Junior

Nutren Junior

Food Package Code	Rank	VC	Voucher Message	
X57 35-250 ml containers ready to feed Nutren Junior Medical Documentation required	4	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	2	560	Special Formula	11-250 ml containers ready to feed Nutren Junior
X58 59-250 ml containers ready to feed Nutren Junior Medical Documentation Required	2	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	3	560	Special Formula	11-250 ml containers ready to feed Nutren Junior
X59 107-250 ml containers ready to feed Nutren Junior Medical Documentation Required	1	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	2	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	3	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	559	Special Formula	24-250 ml containers ready to feed Nutren Junior (1 case)
	4	560	Special Formula	11-250 ml containers ready to feed Nutren Junior

Nutren Junior Fiber

Food Package Code	Rank	VC	Voucher Message	
X60 35-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation required	4	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	2	562	Special Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X37 59-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation Required	2	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	3	562	Special Formula	11-250 ml containers ready to feed Nutren Junior Fiber
X62 107-250 ml containers ready to feed Nutren Junior Fiber Medical Documentation Required	1	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	2	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	3	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	561	Special Formula	24-250 ml containers ready to feed Nutren Junior Fiber (1 case)
	4	562	Special Formula	11-250 ml containers ready to feed Nutren Junior Fiber

PediaSure

Food Package Code	Rank	VC	Voucher Message	
X84 30-8 oz containers ready to feed PediaSure Medical Documentation required	4	730	Special Formula	30-8 oz containers ready to feed PediaSure
X30 60-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Special Formula	30-8 oz containers ready to feed PediaSure
	4	730	Special Formula	30-8 oz containers ready to feed PediaSure
X87 90-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Special Formula	30-8 oz containers ready to feed PediaSure
	3	730	Special Formula	30-8 oz containers ready to feed PediaSure
	4	730	Special Formula	30-8 oz containers ready to feed PediaSure
X88 108-8 oz containers ready to feed PediaSure Medical Documentation Required	2	730	Special Formula	30-8 oz containers ready to feed PediaSure
	3	730	Special Formula	30-8 oz containers ready to feed PediaSure
	4	730	Special Formula	30-8 oz containers ready to feed PediaSure
	1	718	Special Formula	18-8 oz containers ready to feed PediaSure (three 6-packs)

PediaSure 1.5

Food Package Code	Rank	VC	Voucher Message	
Z53 30-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	2	N98	Special Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal
Z54 60-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	2	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	4	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	4	N99	Special Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
Z55 90-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	R01	Special Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
	2	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	3	N98	Special Formula	6 - 8 oz containers ready to feed PediaSure 1.5 Cal
	1	N99	Special Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal
Z56 113-8 oz containers ready to feed PediaSure 1.5 Cal Medical Documentation Required	4	R01	Special Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal (2 cases)
	2	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	1	N97	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal (1 case)
	3	R03	Special Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal

PediaSure 1.5 with fiber

Food Package Code	Rank	VC	Voucher Message	
Z57 30-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	2	R05	Special Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z58 60-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	2	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	4	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	4	R06	Special Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z59 90-8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R07	Special Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
	2	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	3	R05	Special Formula	6-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
	1	R06	Special Formula	12-8 oz containers ready to feed PediaSure 1.5 Cal with fiber
Z60 113 - 8 oz containers ready to feed PediaSure 1.5 Cal with fiber Medical Documentation Required	4	R07	Special Formula	48-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (2 cases)
	2	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	1	R04	Special Formula	24-8 oz containers ready to feed PediaSure 1.5 Cal with fiber (1 case)
	3	R09	Special Formula	17-8 oz containers ready to feed PediaSure 1.5 Cal with fiber

PediaSure Enteral

Food Package Code	Rank	VC	Voucher Message	
Z27 30-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	2	S96	Special Formula	6-8 oz containers ready to feed PediaSure Enteral
Z28 60-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	2	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	4	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	4	S97	Special Formula	12-8 oz containers ready to feed PediaSure Enteral
Z29 90-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S95	Special Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
	2	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	3	S86	Special Formula	6-8 oz containers ready to feed PediaSure Enteral
	1	S97	Special Formula	12-8 oz containers ready to feed PediaSure Enteral
Z30 113-8 oz containers ready to feed PediaSure Enteral Medical Documentation Required	4	S95	Special Formula	48-8 oz containers ready to feed PediaSure Enteral (2 cases)
	2	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	1	S94	Special Formula	24-8 oz containers ready to feed PediaSure Enteral (1 case)
	3	S99	Special Formula	17-8 oz containers ready to feed PediaSure Enteral

PediaSure Enteral 1.0 cal with Fiber

Food Package Code	Rank	VC	Voucher Message	
Z37 30-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N20	Special Formula	24-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	2	N27	Special Formula	6-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber
Z38 60-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	2	N20	Special Formula	24-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	4	N20	Special Formula	24-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	4	N47	Special Formula	12-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber
Z39 90-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N50	Special Formula	48 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (2 cases)
	2	N20	Special Formula	24 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	3	N27	Special Formula	6-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber
	1	N47	Special Formula	12-8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber
Z40 113-8 oz containers ready to feed PediaSure Enteral with Fiber and scFOS Medical Documentation Required	4	N50	Special Formula	48 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (2 cases)
	2	N20	Special Formula	24 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	1	N20	Special Formula	24 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber (1 case)
	3	N63	Special Formula	17 - 8 oz containers ready to feed PediaSure Enteral 1.0 cal with Fiber

PediaSure with Fiber

Food Package Code	Rank	VC	Voucher Message	
X76 30-8 oz containers ready to feed PediaSure With Fiber Medical Documentation required	4	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
X85 60-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	2	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	4	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
X78 90-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	2	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	3	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	4	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
X79 108-8 oz containers ready to feed PediaSure With Fiber Medical Documentation Required	4	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	3	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	2	731	Special Formula	30-8 oz containers ready to feed PediaSure With Fiber
	1	719	Special Formula	18-8 oz containers ready to feed PediaSure With Fiber (three 6-packs)

Peptamen Junior

Food Package Code	Rank	VC	Voucher Message	
X66 35-250 ml containers ready to feed Peptamen Junior Medical Documentation required	4	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	2	572	Special Formula	11-250 ml containers ready to feed Peptamen Junior
X67 59-250 ml containers ready to feed Peptamen Junior Medical Documentation Required	2	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	3	572	Special Formula	11-250 ml containers ready to feed Peptamen Junior
X68 107-250 ml containers ready to feed Peptamen Junior Medical Documentation Required	1	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	2	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	3	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	571	Special Formula	24-250 ml containers ready to feed Peptamen Junior (1 case)
	4	572	Special Formula	11-250 ml containers ready to feed Peptamen Junior

Peptamen Junior Fiber

Food Package Code	Rank	VC	Voucher Message	
Z05 30-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S51	Special Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
Z06 60-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	4	S52	Special Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
Z07 90-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S50	Special Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
	2	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	3	S51	Special Formula	6-250 ml containers ready to feed Peptamen Junior Fiber
	1	S52	Special Formula	12-250 ml containers ready to feed Peptamen Junior Fiber
Z08 107-250 ml containers ready to feed Peptamen Junior Fiber Medical Documentation Required	4	S50	Special Formula	48-250 ml containers ready to feed Peptamen Junior Fiber (2 cases)
	1	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	2	S49	Special Formula	24-250 ml containers ready to feed Peptamen Junior Fiber (1 case)
	3	S54	Special Formula	11-250 ml containers ready to feed Peptamen Junior Fiber

Peptamen Junior with Prebio

Food Package Code	Rank	VC	Voucher Message	
X69 35-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation required	4	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	577	Special Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio
X70 59-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation Required	4	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	3	577	Special Formula	11-250 ml containers ready to feed Peptamen with Prebio
X05 107-250 ml containers ready to feed Peptamen Junior with Prebio Medical Documentation Required	1	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	2	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	3	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	4	576	Special Formula	24-250 ml containers ready to feed Peptamen Junior with Prebio (1 case)
	4	577	Special Formula	11-250 ml containers ready to feed Peptamen Junior with Prebio

Peptamen Junior 1.5

Food Package Code	Rank	VC	Voucher Message	
Z01 30-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S43	Special Formula	24- 50 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	2	S45	Special Formula	6-250 ml containers ready to feed Peptamen Junior 1.5
Z02 60-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S43	Special Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	2	S43	Special Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	4	S46	Special Formula	12-250 ml containers ready to feed Peptamen Junior 1.5
Z03 90- 50 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S44	Special Formula	48-250 ml containers ready to feed Peptamen Junior 1.5 (2 cases)
	2	S43	Special Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	3	S45	Special Formula	6-250 ml containers ready to feed Peptamen Junior 1.5
	1	S46	Special Formula	12-250 ml containers ready to feed Peptamen Junior 1.5
Z04 107-250 ml containers ready to feed Peptamen Junior 1.5 Medical Documentation Required	4	S44	Special Formula	48-250 ml containers ready to feed Peptamen Junior 1.5 (2 cases)
	2	S43	Special Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	1	S43	Special Formula	24-250 ml containers ready to feed Peptamen Junior 1.5 (1 case)
	3	S48	Special Formula	11-250 ml containers ready to feed Peptamen Junior 1.5

Pediasure Peptide 1.0 Cal

Food Package Code	Rank	VC	Voucher Message	
Z10 30-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	2	S57	Special Formula	6-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z11 60-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal. (1 case)
	2	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	4	S58	Special Formula	12-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z12 90-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S56	Special Formula	48-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (2 cases)
	2	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	3	S57	Special Formula	6-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
	1	S58	Special Formula	12-8 oz containers ready to feed Pediasure Peptide 1.0 Cal
Z13 113-8 oz containers ready to feed Pediasure Peptide 1.0 Cal Medical Documentation Required	4	S56	Special Formula	48-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (2 cases)
	1	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal (1 case)
	2	S55	Special Formula	24-8 oz containers ready to feed Pediasure Peptide 1.0 Cal. (1 case)
	3	S60	Special Formula	17-8 oz containers ready to feed Pediasure Peptide 1.0 Cal

Portagen

Food Package Code	Rank	VC	Voucher Message	
X20 13-1 lb cans powder Portagen Medical Documentation Required	3	060	Special Formula	4-1 lb cans powder Portagen
	4	060	Special Formula	4-1 lb cans powder Portagen
	2	260	Special Formula	5-1 lb cans powder Portagen

Vivonex Pediatric

Food Package Code	Rank	VC	Voucher Message	
Z23 30-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S82	Special Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)
Z24 60-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Special Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S83	Special Formula	24-1.7 oz packets powder Vivonex Pediatric (four boxes, 6 packets each)
Z25 90-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Special Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S81	Special Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	4	S84	Special Formula	18-1.7 oz packets powder Vivonex Pediatric (three boxes, 6 packets each)
Z26 102-1.7 oz packets powder Vivonex Pediatric Medical Documentation Required	4	S81	Special Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	2	S81	Special Formula	36-1.7 oz packets powder Vivonex Pediatric (1 case)
	4	S82	Special Formula	30-1.7 oz packets powder Vivonex Pediatric (five boxes, 6 packets each)

FP 23: Food Package III - Special Formulas for Women

Boost

Food Package Code	Rank	VC	Voucher Message	
X39 30-8 oz containers ready to feed Boost Medical Documentation required	4	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	2	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X40 60-8 oz containers ready to feed Boost Medical Documentation Required	2	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	1	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	3	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X02 90-8 oz containers ready to feed Boost Medical Documentation Required	2	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	3	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	1	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	1	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
	1	554	Special Formula	6-8 oz containers ready to feed Boost (one 6-pack)
X42 112-8 oz containers ready to feed Boost Medical Documentation Required	1	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	2	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	3	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	4	555	Special Formula	24-8 oz containers ready to feed Boost (1 case)
	4	556	Special Formula	16-8 oz containers ready to feed Boost

Ensure Original Nutrition Shake

Food Package Code	Rank	VC	Voucher Message	
X06 30-8 oz containers ready to feed Ensure Original Nutrition Shake Medical Documentation required	4	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	2	302	Special Formula	6-8 oz containers ready to feed Ensure Original Nutrition Shake (one 6-pack)
X38 60-8 oz containers ready to feed Ensure Original Nutrition Shake Medical Documentation Required	2	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	4	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	3	538	Special Formula	12-8 oz containers ready to feed Ensure Original Nutrition Shake (two 6-pack)
X45 90-8 oz containers ready to feed Ensure Original Nutrition Shake Medical Documentation Required	4	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	3	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	2	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	1	538	Special Formula	12-8 oz containers ready to feed Ensure Original Nutrition Shake (2-6 pack)
	1	302	Special Formula	6-8 oz containers ready to feed Ensure Original Nutrition Shake (one 6-pack)
X15 108-8 oz containers ready to feed Ensure Original Nutrition Shake Medical Documentation Required	1	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	2	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	3	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	4	537	Special Formula	24-8 oz containers ready to feed Ensure Original Nutrition Shake (1 case)
	4	538	Special Formula	12-8 oz containers ready to feed Ensure Original Nutrition Shake (two 6-pack)

Nepro with Carb Steady

Food Package Code	Rank	VC	Voucher Message	
Z41 30-8 oz cans ready to feed Nepro with Carb Steady Medical Documentation Required	4	N78	Special Formula	24-8 oz cans ready to feed Nepro with Carb Steady (1 case)
	2	N79	Special Formula	4-8 oz cans ready to feed Nepro with Carb Steady (one 4-pack)
	2	N80	Special Formula	2-8 oz cans ready to feed Nepro with Carb Steady
Z42 60-8 oz cans ready to feed Nepro with Carb Steady Medical Documentation Required	4	N78	Special Formula	24-8 oz cans ready to feed Nepro with Carb Steady (1 case)
	2	N78	Special Formula	24-8 oz cans ready to feed Nepro with Carb Steady (1 case)
	2	N77	Special Formula	12-8 oz cans ready to feed Nepro with Carb Steady (three 4-packs)
Z43 90-8 oz cans ready to feed Nepro with Carb Steady Medical Documentation Required	4	N81	Special Formula	48-8 oz cans ready to feed Nepro with Carb Steady (2 cases)
	2	N78	Special Formula	24-8 oz cans ready to feed Nepro with Carb Steady (1 case)
	1	N94	Special Formula	16-8 oz cans ready to feed Nepro with Carb Steady (four 4-packs)
	3	N80	Special Formula	2-8 oz cans ready to feed Nepro with Carb Steady
Z44 112-8 oz cans ready to feed Nepro with Carb Steady Medical Documentation Required	2	N81	Special Formula	48-8 oz cans ready to feed Nepro with Carb Steady (2 cases)
	4	N81	Special Formula	48-8 oz cans ready to feed Nepro with Carb Steady (2 cases)
	4	N94	Special Formula	16-8 oz cans ready to feed Nepro with Carb Steady (four 4-packs)

Nutren 1.5

Food Package Code	Rank	VC	Voucher Message	
Z45 30-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N84	Special Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	2	N85	Special Formula	6-250 ml containers ready to feed Nutren 1.5
Z46 60-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	2	N84	Special Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	4	N84	Special Formula	24-250 ml containers ready to feed Nutren 1.5 (1 case)
	4	N86	Special Formula	12-250 ml containers ready to feed Nutren 1.5
Z47 90-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N87	Special Formula	48 - 250 ml containers ready to feed Nutren 1.5 (2 cases)
	2	N84	Special Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	3	N85	Special Formula	6-250 ml containers ready to feed Nutren 1.5
	1	N86	Special Formula	12-250 ml containers ready to feed Nutren 1.5
Z48 107-250 ml containers ready to feed Nutren 1.5 Medical Documentation Required	4	N87	Special Formula	48 - 250 ml containers ready to feed Nutren 1.5 (2 cases)
	1	N84	Special Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	2	N84	Special Formula	24 - 250 ml containers ready to feed Nutren 1.5 (1 case)
	3	N89	Special Formula	11 - 250 ml containers ready to feed Nutren 1.5

Nutren 2.0

Food Package Code	Rank	VC	Voucher Message	
X54 35-250 ml containers ready to feed Nutren 2.0 Medical Documentation required	4	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	2	568	Special Formula	11-250 ml containers ready to feed Nutren 2.0
X55 59-250 ml containers ready to feed Nutren 2.0 Medical Documentation Required	2	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	3	568	Special Formula	11-250 ml containers ready to feed Nutren 2.0
X56 107-250 ml containers ready to feed Nutren 2.0 Medical Documentation Required	1	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	2	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	3	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	567	Special Formula	24-250 ml containers ready to feed Nutren 2.0 (1 case)
	4	568	Special Formula	11-250 ml containers ready to feed Nutren 2.0

Peptamen

Food Package Code	Rank	VC	Voucher Message	
X63 35-250 ml containers ready to feed Peptamen Medical Documentation required	4	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	2	570	Special Formula	11-250 ml containers ready to feed Peptamen
X64 59-250 ml containers ready to feed Peptamen Medical Documentation Required	2	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	3	570	Special Formula	11-250 ml containers ready to feed Peptamen
X65 107-250 ml containers ready to feed Peptamen Medical Documentation Required	1	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	2	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	3	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	569	Special Formula	24-250 ml containers ready to feed Peptamen (1 case)
	4	570	Special Formula	11-250 ml containers ready to feed Peptamen

Boost Breeze

Food Package Code	Rank	VC	Voucher Message	
Z19 30-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	2	S77	Special Formula	3-8 oz containers ready to feed Boost Breeze
Z20 60-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	2	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	4	S78	Special Formula	6-8 oz containers ready to feed Boost Breeze
Z21 90-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S76	Special Formula	54-8 oz containers ready to feed Boost Breeze (2 cases)
	2	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	3	S77	Special Formula	3-8 oz containers ready to feed Boost Breeze
	1	S78	Special Formula	6-8 oz containers ready to feed Boost Breeze
Z22 113-8 oz containers ready to feed Resource Breeze Medical Documentation Required	4	S76	Special Formula	54-8 oz containers ready to feed Boost Breeze (2 cases)
	2	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	1	S75	Special Formula	27-8 oz containers ready to feed Boost Breeze (1 case)
	3	S80	Special Formula	5-8 oz containers ready to feed Boost Breeze

Suplena

Food Package Code	Rank	VC	Voucher Message	
Z14 30-8 oz containers ready to feed Suplena Medical Documentation Required	4	S69	Special Formula	24-8 oz containers ready to feed Suplena (1 case)
	2	S71	Special Formula	6-8 oz containers ready to feed Suplena
Z15 60-8 oz containers ready to feed Suplena Medical Documentation Required	4	S69	Special Formula	24-8 oz containers ready to feed Suplena (1 case)
	2	S69	Special Formula	24-8 oz containers ready to feed Suplena (1 case)
	4	S72	Special Formula	12-8 oz containers ready to feed Suplena
Z16 90 - 8 oz containers ready to feed Suplena Medical Documentation Required	4	S70	Special Formula	48 - 8 oz containers ready to feed Suplena (2 cases)
	2	S69	Special Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	1	S72	Special Formula	12-8 oz containers ready to feed Suplena
	3	S71	Special Formula	6-8 oz containers ready to feed Suplena
Z18 113 - 8 oz containers ready to feed Suplena Medical Documentation Required	4	S70	Special Formula	48 - 8 oz containers ready to feed Suplena (2 cases)
	1	S69	Special Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	2	S69	Special Formula	24 - 8 oz containers ready to feed Suplena (1 case)
	3	S74	Special Formula	17 - 8 oz containers ready to feed Suplena

FP-24: Tracking Food Packages

The tracking packages can be given to women, children or infants.

Emory Genetics

Food Package Code	Rank	VC	Voucher Message
099 Medical Documentation Required	9	099	This voucher has no cash value Grocers should not accept this voucher Client copy: Formula Provided by Emory Genetics. Emory Genetics 404-778-8500 Georgia WIC 800-228-9173
	9	299	This voucher has no cash value. Grocers should not accept this voucher Emory Genetics Copy : Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: _____ Cost: _____
	9	299	This voucher has no cash value. Grocers should not accept this voucher Emory Genetics Copy : Formula provided by Emory Genetics Fax to Emory Genetics: 404-778-8562 Formula Name: _____ Cost: _____
	9	399	This voucher has no cash value Grocers should not accept this voucher Chart Copy : / File in participants health record: Formula provided by Emory Genetics Contact Information: Emory Genetics- 404-778-8500/ Georgia WIC- 800-228-9173

Formula Provided from Stock on Hand

Food Package Code	Rank	VC	Voucher Message
197	9	197	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula provided from stock on hand. Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>

Formula Ordered from Nutrition Section

Food Package Code	Rank	VC	Voucher Message
199	9	199	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Formula ordered from the Nutrition Unit Fax copies of voucher receipt to SWO Document formula quantity and type issued in client's medical record and Formula Tracking Log</p>

Hospitalized Breastfed Infant

Food Package Code	Rank	VC	Voucher Message
290	9	190	<p>This voucher has no cash value Grocers should not accept this voucher</p> <p>Your infant is enrolled in WIC and is not receiving a food benefit from WIC. When you baby's needs change contact your WIC clinic.</p>

FP-25: Special Formula Packages for Infants Age 6-11 Months Unable to Eat Solid Foods

Alimentum

Food Package Code	Rank	VC	Voucher Message	
S01 (Assign S01) 8-16 oz cans powder Similac Expert Care Alimentum	2	360	Special Formula	4-16 oz cans powder Similac Expert Care Alimentum
	4	360	Special Formula	4-16 oz cans powder Similac Expert Care Alimentum
Medical Documentation Required				
S03 (Assign S03) 28-32 oz containers ready to feed Similac Expert Care Alimentum	2	150	Special Formula	14-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
	4	150	Special Formula	14-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum
Medical Documentation Required				

EleCare for Infants

Food Package Code	Rank	VC	Voucher Message	
S41 (Assign S41) 10-14.1 oz cans powder EleCare for Infants	4	S33	Special Formula	6-14.1 oz cans powder EleCare for Infants (1 case)
	2	S35	Special Formula	4-14.1 oz cans powder EleCare for Infants
Medical Documentation Required				

Enfamil EnfaCare

Food Package Code	Rank	VC	Voucher Message	
S24 (Assign S24) 11-12.8 oz cans powder Enfamil EnfaCare	4	541	Special Formula	6-12.8 oz cans powder Enfamil EnfaCare
	2	S11	Special Formula	5-12.8 oz cans powder Enfamil EnfaCare
Medical Documentation Required				
S26 (Assign S26) 28-32 oz containers ready to feed Enfamil EnfaCare	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	543	Special Formula	6-32 oz containers ready to feed Enfamil EnfaCare (1 case)
	4	S12	Special Formula	4-32 oz containers ready to feed Enfamil EnfaCare
Medical Documentation Required				
S20 (Assign S20) 456-2 oz containers ready to feed Enfamil EnfaCare	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	2	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 cases)
	4	589	Special Formula	96-2 oz containers ready to feed Enfamil EnfaCare (2 case)
	4	539	Special Formula	48-2 oz containers ready to feed Enfamil EnfaCare (1 case)
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare
	2	S20	Special Formula	12-2 oz containers ready to feed Enfamil EnfaCare

Enfamil Premature 20

Food Package Code	Rank	VC	Voucher Message	
S30 (Assign S30) 456-2 oz containers ready to feed iron fortified Enfamil Premature 20 Medical Documentation Required	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	2	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	595	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 20 (2 cases)
	4	545	Special Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1 case)
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20
	2	S21	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 20

Enfamil Premature 24

Food Package Code	Rank	VC	Voucher Message	
S40 (Assign S40) 456-2 oz containers ready to feed Enfamil Premature 24 Medical Documentation Required	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	2	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	597	Special Formula	96-2 oz containers ready to feed iron fortified Enfamil Premature 24 (2 cases)
	4	547	Special Formula	48-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1 case)
	2	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24
	2	S22	Special Formula	12-2 oz containers ready to feed iron fortified Enfamil Premature 24

Gerber Good Start Premature 24

Food Package Code	Rank	VC	Voucher Message	
S02 (Assign S02) 304 - 3 oz containers ready to feed Gerber Good Start Premature 24 Medical Documentation Required	4	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	2	S38	Special Formula	96-3 oz containers ready to feed Gerber Good Start Premature 24 (2 cases)
	4	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	2	S39	Special Formula	48-3 oz containers ready to feed Gerber Good Start Premature 24 (1 case)
	4	S42	Special Formula	16-3 oz containers ready to feed Gerber Good Start Premature 24 (two 8-packs)

Neocate Infant DHA & ARA

Food Package Code	Rank	VC	Voucher Message	
S61 (Assign S61) 9-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA Medical Documentation Required	4	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	2	500	Special Formula	4-400 gram (14.1 oz) cans powder Neocate Infant DHA & ARA
	4	505	Special Formula	1-400 gram (14.1 oz) can powder Neocate Infant DHA & ARA

Similac Expert Care Neosure

Food Package Code	Rank	VC	Voucher Message	
S71 (Assign S71)	4	519	Special Formula	6-13.1 oz cans Similac Expert Care Neosure (1 case)
11-13.1 oz Similac Expert Care Neosure	2	S25	Special Formula	5-13.1 oz cans Similac Expert Care Neosure
Medical Documentation Required				
S73 (Assign S73)	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
28-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure	4	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
Medical Documentation Required	2	517	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure (1 case)
	4	S09	Special Formula	4-1 qt (32 oz) containers ready to feed Similac Expert Care NeoSure
S70 (Assign S70)	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
456-2 oz containers ready to feed Similac Expert Care NeoSure	2	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
Medical Documentation Required	4	596	Special Formula	96-2 oz containers ready to feed Similac Expert Care NeoSure (2 cases)
	4	515	Special Formula	48-2 oz containers ready to feed Similac Expert Care NeoSure (1 case)
	2	516	Special Formula	16-2 oz containers ready to feed Similac Expert Care NeoSure
	481	2	Special Formula	4-2 oz containers ready to feed Similac Expert Care NeoSure (one 4-pack)
	481	2	Special Formula	4-2 oz containers ready to feed Similac Expert Care NeoSure (one 4-pack)

Nutramigen

Food Package Code	Rank	VC	Voucher Message	
S82 (Assign S82) 34-13 oz cans concentrate Nutramigen	2	N08	Special Formula	15-13 oz cans concentrate Nutramigen
	4	N57	Special Formula	19-13 oz cans concentrate Nutramigen
Medical Documentation Required				
S81 (Assign S81) 11-12.6 oz cans powder Nutramigen with Enflora LGG	2	156	Special Formula	5-12.6 oz cans powder Nutramigen with Enflora LGG
	4	155	Special Formula	6-12.6 oz cans powder Nutramigen with Enflora LGG
Medical Documentation Required				
S83 (Assign S83) 28-32 oz containers ready to feed Nutramigen	2	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
	4	S03	Special Formula	14-32 oz containers ready to feed Nutramigen
Medical Documentation Required				

Nutramigen AA or PurAmino

Food Package Code	Rank	VC	Voucher Message	
S91 (Assign S91) 9-14.1 oz cans powder Nutramigen AA or PurAmino	4	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	2	706	Special Formula	4-400 gram (14.1 oz) cans powder Nutramigen AA OR PurAmino
	4	707	Special Formula	1-400 gram (14.1 oz) can powder Nutramigen AA OR PurAmino
Medical Documentation Required				

Pregestimil

Food Package Code	Rank	VC	Voucher Message	
S04 (Assign S04) 8-16 oz cans powder Pregestimil	2	140	Special Formula	4-16 oz cans powder Pregestimil
	4	140	Special Formula	4-16 oz cans powder Pregestimil
Medical Documentation Required				

Pregestimil 20 Calorie

Food Package Code	Rank	VC	Voucher Message	
S05 (Assign S05) 456-2 oz containers ready to feed Pregestimil 20 Calorie Medical Documentation Required	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	2	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S61	Special Formula	96-2 oz containers ready to feed Pregestimil 20 Calorie (2 cases)
	4	S63	Special Formula	48-2 oz containers ready to feed Pregestimil 20 Calorie (1 case)
	2	S64	Special Formula	12-2 oz containers ready to feed Pregestimil 20 Calorie (two 6-packs)
	2	S64	Special Formula	12-2 oz containers ready to feed Pregestimil 20 Calorie (two 6-packs)

Pregestimil 24 Calorie

Food Package Code	Rank	VC	Voucher Message	
S06 (Assign S06) 456-2 oz containers ready to feed Pregestimil 24 Calorie Medical Documentation Required	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	2	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S65	Special Formula	96-2 oz containers ready to feed Pregestimil 24 Calorie (2 cases)
	4	S67	Special Formula	48-2 oz containers ready to feed Pregestimil 24 Calorie (1 case)
	2	S68	Special Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)
	2	S68	Special Formula	12-2 oz containers ready to feed Pregestimil 24 Calorie (two 6-packs)

Similac PM 60/40

Food Package Code	Rank	VC	Voucher Message	
S14 (assign S14) 9-14.1 oz cans powder Similac PM 60/40 Medical Documentation Required	4	527	Special Formula	6-14.1 oz cans powder Similac PM 60/40 (1 case)
	2	528	Special Formula	3-14.1 oz cans powder Similac PM 60/40

Similac Special Care 20

Food Package Code	Rank	VC	Voucher Message	
S10 (Assign S10) 456-2 oz containers ready to feed Similac Special Care 20 With Iron Medical Documentation Required	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	2	598	Special Formula	96-2 oz containers ready to feed Similac Special Care 20 With Iron (2 cases)
	4	521	Special Formula	48-2 oz containers ready to feed Similac Special Care 20 With Iron (1 case)
	2	522	Special Formula	16-2 oz containers ready to feed Similac Special Care 20 With Iron
	2	502	Special Formula	8-2 oz containers ready to feed Similac Special Care 20 With Iron (one 8-pack)

Similac Special Care 24

Food Package Code	Rank	VC	Voucher Message	
S50 (Assign S50) 456- 2 oz containers ready to feed Similac Special Care 24 With Iron Medical Documentation Required	2	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	2	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	594	Special Formula	96-2 oz containers ready to feed Similac Special Care 24 With Iron (2 cases)
	4	523	Special Formula	48-2 oz containers ready to feed Similac Special Care 24 With Iron (1 case)
	2	524	Special Formula	16-2 oz containers ready to feed Similac Special Care 24 With Iron
	2	503	Special Formula	8-2 oz containers ready to feed Similac Special Care 24 With Iron (one 8-pack)

Similac Special Care 30

Food Package Code	Rank	VC	Voucher Message	
S60 (Assign S60) 456-2 oz containers ready to feed Similac Special Care 30 With Iron Medical Documentation Required	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	2	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	585	Special Formula	96-2 oz containers ready to feed Similac Special Care 30 With Iron (2 cases)
	4	525	Special Formula	48-2 oz containers ready to feed Similac Special Care 30 With Iron (1 case)
	2	526	Special Formula	16-2 oz containers ready to feed Similac Special Care 30 With Iron
	2	504	Special Formula	8-2 oz containers ready to feed Similac Special Care 30 With Iron (one 8-pack)

**FP-26: Maximum Monthly Amounts Authorized – Fully Formula Fed
FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS**

FFF: Table for Concentrate Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	31 cans or 411.5 oz concentrate or 823 oz reconstituted or 27.4 oz per day	34 cans or 448 oz concentrate or 896 oz reconstituted or 29.9 oz per day	24 cans or 315 oz concentrate or 630 oz reconstituted or 21 oz per day
	12.1 ounces	34 containers or 411.5 oz concentrate or 823 oz reconstituted or 27.4 oz per day	37 containers or 448 oz concentrate or 896 oz reconstituted or 29.9 oz per day	26 containers or 315 oz concentrate or 630 oz reconstituted or 21 oz per day
Maximum Allowed		823 fl oz	896 fl oz	630 fl oz
Full Nutritional Benefit		806 fl oz	884 fl oz	624 fl oz

FFF: Table for Ready-To-Feed Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)		
		Age 0-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	26 cans	28 cans	20 cans
	33.8 ounces	24 4-packs	27 4-packs	19 4-packs
	2 ounces	416 bottles	456 bottles	321 bottles
	3 ounces	277 bottles	304 bottles	214 bottles
	4 ounces	208 bottles	228 bottles	160 bottles
	8 ounces	104 cans	114 cans	80 cans
Maximum Allowed		832 fl oz	913 fl oz	643 fl oz
Full Nutritional Benefit		806 fl oz	884 fl oz	624 fl oz

¹ For each type listed, the most economical size is recommended

² Sizes listed are not all-inclusive

³ Maximum amounts are listed for each age group for each form

FFF: Table for Powder Formulas with Standard Mixing Instructions⁴

TYPE ¹		MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
Powdered ⁴	Reconstituted fluid ounces per container	Age 0-2 months	Age 3 months	Age 4-5 months	Age 6 months	Age 7-11 months
	82-87	10	10	11	8	8
	90-96	9	9	10	7	7
	98-99	8	9	9	7	7
	101-103	8	8	9	7	6
	111-115	7	8	8	6	6
Maximum Allowed		870 fl oz	870 fl oz	960 fl oz	696 fl oz	696 fl oz

FFF: Table for Exempt Infant Formula and Nutritionals Without Standard Reconstitution Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ⁵ (By Infant Age in # of Cans of Powder)		
Powdered ⁵		Age 0-3 Months (128 oz maximum by can weight)	Age 4-5 Months (141 oz maximum by can weight)	Age 6-11 Months (102 oz maximum by can weight)
	12 ounces	10 cans (120 oz)	11 cans	8 cans
	12.8 ounces	10 cans- (128 oz)	11 cans	7 cans
	12.9 ounces	9 cans- (116.1 oz)	10 cans	7 cans
	14.1 ounces	9 cans- (126.9 oz)	10 cans	7 cans
	14.3 ounces	8 cans- (114.4 oz)	9 cans	7 cans
	16 ounces	8 cans- (128 oz)	8 cans	6 cans
	24 ounces	5 cans- (120 oz)	5 cans	4 cans
	25.7 ounces	4 cans- (102.8 oz)	5 cans	3 cans

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php> . Each formula is categorized as an infant formula or an exempt infant formula.

¹ For each type listed, the most economical size is recommended

² Sizes listed are not all-inclusive

³ Maximum amounts are listed for each age group for each form

⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition Unit

⁵ Use this table **only** for exempt infant formulas and nutritionals that do **not** have standard instructions for reconstitution, such as metabolic formulas

**FP-27: Maximum Monthly Amounts Authorized – Mostly Breastfed
FORMULA TYPES, SIZES, AND MAXIMUM AMOUNTS**

MBF: Table for Concentrate Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Concentrate Maximum listed in reconstituted fluid ounces	13 ounces	4 cans or 52 oz concentrate or 104 oz reconstituted or 3.5 oz per day	14 cans or 182 oz concentrate or 364 oz reconstituted 12 oz per day	17 cans or 221 oz concentrate or 442 oz reconstituted or 14.5 oz per day	12 cans or 156 oz concentrate or 312 oz reconstituted or 10.4 oz per day
	12.1 ounces	4 containers or 48.8 oz concentrate or 96.8 oz reconstituted or 3.2 oz per day	16 containers or 193.6 oz concentrate or 387.2 oz reconstituted or 12.9 oz per day	19 containers or 229.9 oz concentrate or 459.8 oz reconstituted or 15.3 oz per day	13 containers or 157.3 oz concentrate or 314.6 oz reconstituted or 10.5 oz per day
Max. Allowed		104 fl oz	388 fl oz	460 fl oz	315 fl oz

MBF: Table for Ready-To-Feed Formula

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)			
		Age 0-1 Month	Age 1-3 Months	Age 4-5 Months	Age 6-11 Months
Ready-To-Feed	32 ounces	3 cans	12 cans	14 cans	10 cans
	33.8 ounces	3 4-packs	11 4-packs	14 4-packs	10 4-packs
	2 ounces	52 bottles	192 bottles	237 bottles	169 bottles
	3 ounces	34 bottles	128 bottles	158 bottles	112 bottles
	4 ounces	26 bottles	96 bottles	118 bottles	84 bottles
	8 ounces	13 cans	48 cans	59 cans	42 cans
Max. Allowed		104 fl oz	384 fl oz	474 fl oz	338 fl oz

¹ For each type listed, the most economical size is recommended

² Sizes listed are not inclusive

³ Maximum amounts are listed for each type

MBF: Table for Powder Formulas with Standard Mixing Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)				
		Age 0-1 Month	Age 1-2 Months	Age 3 Months	Age 4-5 Months	Age 6-11 Months
Powdered⁴	Reconstituted fluid ounces per container					
	82-87	1	5	5	6	4
	90-96	1	4	4	5	4
	98-99	1	4	4	5	3
	101-103	1	4	4	5	3
	111-115	1	3	4*	4	3
Max Allowed		104 fl oz	435 fl oz	435 fl oz	522 fl oz	384 fl oz

* Based on number of ounces over the birth to 3 month period

MBF: Table for Exempt Infant Formula and Nutritionals Without Standard Reconstitution Instructions

TYPE ¹	Container SIZE ²	MAXIMUM AMOUNTS ³ (By Infant Age in # of Cans of Powder)		
		Age 1-3 Months	4-5 months	6-11 months
Powdered⁵				
Maximum based on can weight	12 ounces	5 cans (60 oz)	6 cans	4 cans
	12.8 ounces	5 cans- (64 oz)	5 cans	4 cans
	12.9 ounces	4 cans- (51.6 oz)	5 cans	4 cans
	14.1 ounces	4 cans- (56.4 oz)	5 cans	3 cans
	14.3 ounces	4 cans- (57.2 oz)	5 cans	3 cans
	16 ounces	4 cans- (64 oz)	4 cans	3 cans
	24 ounces	2 cans- (48 oz)	3 cans	2 cans
	25.7 ounces	2 cans- (51.4 oz)	2 cans	2 cans
Max Allowed	Weight of dry powder	64 oz	77 oz	56 oz

Exempt infant formulas are those designed for low birth weight infants or infants with an inborn error of metabolism, or other medical or nutritional problem. To determine if a formula is exempt visit the WIC formula database at: <http://grande.nal.usda.gov/wicworks/formulas/FormulaSearch.php>
 Each formula is categorized as an infant formula or an exempt infant formula.

- ¹ For each type listed, the most economical size is recommended
- ² Sizes listed are not inclusive
- ³ Maximum amounts are listed for each type
- ⁴ Formula yield per container based on standard mixing instructions (reconstituted). Refer to product label or manufacturer's website for reconstitution. If fluid ounce yield is not listed on label ask for assistance from Nutrition Unit
- ⁵ Use this table only for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas

**FP-28: Maximum Monthly Amounts Authorized-Infant Foods
Formula Types, Sizes, and Maximum Amounts**

(For Infants 6 through 11 Months)

<i>INFANT FOOD</i>	<i>MAXIMUM AMOUNTS</i>			
	<i>Total Allowed</i>	<i>SIZE</i>	<i>FFF/MBF</i>	<i>EBF</i>
Infant Cereal	24 ounces	8 ounces	3 boxes	3 boxes
Infant Fruit and Vegetable	128 ounces	4 ounces	32 jars	64 jars
		7 ounces	18 twin packs	36 twin packs
		8 ounces	16 twin packs	32 twin packs
Infant Meats	77.5 ounces	2.5 ounces	N/A	31 jars

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
Similac Expert Care Alimentum	0-1	1-powder	358	1 can
	1-2	3-powder	S01	3 cans
	3	4 powder	360	4 cans
	4-5	4-powder	360	4 cans
	6-11	3-powder baby foods cereal	S01	3 cans
			N76	14 jars
			N76	14 jars
N82	4 jars or 4 bananas 3 boxes			
Similac Expert Care Alimentum	0-1	3-RTF	359	1 can
			359	1 can
			359	1 can
	1-2	12-RTF	359	1 can
			359	1 can
			N05	10 cans
	3	12-RTF	359	1 can
			359	1 can
			N05	10 cans
	4-5	14-RTF	150	14 cans
	6-11	10-RTF baby foods cereal	N05	10 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas 3 boxes
EleCare for Infants	0-1	1-powder	S36	1 can
	1-2	4-powder	S35	4 cans
	3	4-powder	S35	4 cans
	4-5	5-powder	S35	4 cans
			S36	1 can
	6-11	4-powder baby foods cereal	S35	4 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas 3 boxes
EnfaCare	0-1	1-powder	591	1 can
	1-2	5-12.8 powder	S11	5 cans
	3	5-12.8 powder	S11	5 cans
	4-5	6-12.8 powder	541	6 cans

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	6-11	4-powder baby foods cereal	542	4 can
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas 3 boxes
EnfaCare	0-1	3-RTF	544	1 can
			544	1 can
			544	1 can
	1-3	12-RTF	543	6 cans
			543	6 cans
	4-5	14-RTF	543	6 cans
			543	6 cans
			S13	2 cans
	6-11	10-RTF baby foods cereal	543	6 cans
			S12	4 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
EnfaCare	0-1	48-2 oz	539	1 case
	1-3	192-2 oz	589	2 cases
			589	2 cases
	4-5	234-2 oz	589	2 cases
			589	2 cases
			540	18 bottles
			S20	12 bottles
			S20	12 bottles
	6-11	168-2 oz baby foods cereal	589	2 cases
			539	1 case
			S20	12 bottles
S20			12 bottles	
N76			14 jars	
N76			14 jars	
N82			4 jars or 4 bananas/3 boxes	
Enfamil Premature 20	0-1	48-2 oz	545	1 case
	1-3	192-2 oz	595	2 cases
			595	2 cases

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	4-5	234-2 oz	595	2 cases
			595	2 cases
			546	18 bottles
			S21	12 bottles
			S21	12 bottles
	6-11	168-2 oz baby foods cereal	595	2 cases
			545	1 case
			S21	12 bottles
			S21	12 bottles
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
Enfamil Premature 24	0-1	48-2 oz	547	1 case
	1-3	192-2 oz	597	2 cases
			597	2 cases
	4-5	234-2 oz	597	2 cases
			597	2 cases
			548	18 bottles
			S22	12 bottles
			S22	12 bottles
	6-11	168-2 oz baby foods cereal	597	2 cases
			547	1 case
			S22	12 bottles
			S22	12 bottles
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
	Neocate Infant DHA & ARA	0-1	1-powder	505
1-3		4-powder	500	4 cans
			500	4 cans
4-5		5-powder	505	1 can
			500	4 cans
6-11		3-powder baby foods cereal	505	1 cans
			505	1 cans
			505	1 cans
			N76	14 jars
			N76	14 jars
	N82		4 jars or 4 bananas/3 boxes	

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
Nutramigen	0-1	4-conc	159	1 can
			159	1 can
			159	1 can
			159	1 can
	1-3	14- conc	159	1 can
			159	1 can
			163	12 cans
	4-5	17- conc	N67	16 cans
			159	1 can
	6-11	12- conc	163	12 cans
			N76	14 jars
			N76	14 jars
N82			4 jars or 4 bananas/3 boxes	
Nutramigen	0-1	3-RTF	A67	1 can
			A67	1 can
			A67	1 can
	1-3	12-RTF	S29	10 cans
			A67	1 can
			A67	1 can
	4-5	14-RTF	S03	14 cans
	6-11	10-RTF	S29	10 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
	Nutramigen with Enflora LGG	0-1	1-powder	157
1-3		5-powder	156	5 cans
4-5		6-powder	155	6 cans
6-11		4-powder	S32	3 cans
			157	1 can
			N76	14 jars
			N76	14 jars
6-11		baby foods cereal	N82	4 jars or 4 bananas/3 boxes
PurAmino	0-1	1-powder	707	1 can
	1-3	4-powder	706	4cans
	4-5	5-powder	707	1 can
			706	4cans

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
	6-11	3-powder baby foods cereal	S14	3 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
Pregestimil	0-1	1-powder	141	1 can
	1-2	3-powder	S08	3 cans
	3	4-powder	140	4 cans
	4-5	4-powder	140	4 cans
	6-11	3-powder	S08	3 cans
			N76	14 jars
			N76	14 jars
N82	4 jars or 4 bananas/3 boxes			
Similac Expert Care Neosure	0-1	1-powder	482	1 can
	1-3	5-powder	S25	5 cans
	4-5	6-powder	519	6 cans
	6-11	4-powder baby foods cereal	520	4 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
Similac Expert Care Neosure	0-1	3-RTF	S10	2 cans
			518	1 can
	1-3	12-RTF	517	6 cans
			517	6 cans
	4-5	14-RTF	517	6 cans
			517	6 cans
			S10	2 cans
	6-11	10 RTF baby foods cereal	517	6 cans
			S09	4 cans
			N76	14 jars
			N76	14 jars
	N82	4 jars or 4 bananas/3 boxes		
	Similac Expert Care Neosure	0-1	52-2 oz	515
481				4 bottles
1-3		192-2 oz	596	2 cases
			596	2 cases

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount	
	4-5	236-2 oz	596	2 cases	
			596	2 cases	
			516	16 bottles	
			516	16 bottles	
			481	4 bottles	
			481	4 bottles	
			481	4 bottles	
	6-11	168–2 oz baby foods cereal	596	2 cases	
			515	1 case	
			516	16 bottles	
			481	4 bottles	
			481	4 bottles	
			N76	14 jars	
			N76	14 jars	
N82	4 jars or 4 bananas/3 boxes				
Similac PM 60/40	0-1	1-powder	483	1 can	
	1-3	4-powder	529	4 cans	
			483	1 can	
	4-5	5-powder	529	4 cans	
			528	3 cans	
	6-11	3-powder	N76	14 jars	
			baby foods cereal	N76	14 jars
				N82	4 jars or 4 bananas/3 boxes
	Similac Special Care 20	0-1	48-2 oz	521	1 case
1-3		192-2 oz	598	2 cases	
			598	2 cases	
4-5		232-2 oz	598	2 cases	
			598	2 cases	
			522	16 bottles	
			522	16 bottles	
			502	8 bottles	
6-11		168-2 oz baby foods cereal	521	1 case	
			598	2 cases	
			522	16 bottles	
			502	8 bottles	
			N76	14 jars	
			N76	14 jars	
			N82	4 jars or 4 bananas/3 boxes	

FP-29: Voucher Codes for Special Formula Packages for Mostly Breastfeeding Infants – Maximum Amounts

Formula Name	Age (months)	Max Allowed	Voucher Code	Amount
Similac Special Care 24	0-1	48-2 oz	523	1 case
			594	2 cases
	1-3	192-2 oz	594	2 cases
			594	2 cases
	4-5	232-2 oz	594	2 cases
			594	2 cases
			524	16 bottles
			524	16 bottles
			503	8 bottles
	6-11	168-2 oz	523	1 case
			594	2 cases
			524	16 bottles
			503	8 bottles
			N76	14 jars
N76			14 jars	
N82			4 jars or 4 bananas/3 boxes	
Similac Special Care 30	0-1	48-2 oz	525	1 case
			585	2 cases
	1-3	192-2 oz	585	2 cases
			585	2 cases
	4-5	232-2 oz	585	2 cases
			585	2 cases
			526	16 bottles
			526	16 bottles
			504	8 bottles
	6-11	168-2 oz	525	1 case
			585	2 cases
			526	16 bottles
			504	8 bottles
			N76	14 jars
N76			14 jars	
N82			4 jars or 4 bananas/3 boxes	

Voucher Codes for Special Formula Packages for Some Breastfeeding Infants – Recommended Amounts

Formula Name	Age	Max Allowed	Voucher Code	Amount
Similac Expert Care Alimentum	0-3	5-powder	S01	3 cans
			358	1 can
			358	1 can
	4-5	6-powder	S01	3 cans
			S01	3 cans
	6-11	4-powder baby foods cereal	360	4 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
Similac Expert Care Alimentum	0-3	20-RTF	N05	10 cans
			N05	10 cans
	4-5	22-RTF	359	1 can
			N05	10 cans
			N05	10 cans
			359	1 can
	6-11	14-RTF baby foods cereal	150	14 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
EleCare for Infants	1-3	6-powder	S33	6 cans
	4-5	7-powder	S33	4 cans
			S36	1 can
	6-11	5-powder baby foods cereal	S35	4 cans
			S36	1 can
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
EnfaCare	0-3	6-12.8 powder	541	6 cans
	4-5	7-12.8 powder	541	6 cans
			591	1 can
	6-11	5- powder baby foods cereal	S11	5 cans
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes

Voucher Codes for Special Formula Packages for Some Breastfeeding Infants – Recommended Amounts

Formula Name	Age	Max Allowed	Voucher Code	Amount
EnfaCare	0-3	20-RTF	543	6 cans
			543	6 cans
			543	6 cans
			S13	2 cans
	4-5	22-RTF	543	6 cans
			543	6 cans
			543	6 cans
			S12	4 cans
	6-11	14-RTF baby foods cereal	543	6 cans
			S12	4 cans
			S12	4 cans
			N76	14 jars
N76			14 jars	
N82			4 jars or 4 bananas/3 boxes	
Enfamil Premature 20	0-3	288-2 oz	595	2 cases
			595	2 cases
			595	2 cases
	4-5	236-2 oz	595	2 cases
			595	2 cases
			595	2 cases
			545	1 case
	6-11	156-2 oz baby foods cereal	595	2 cases
			595	2 cases
			545	1 case
			N76	14 jars
			N76	14 jars
N82			4 jars or 4 bananas/3 boxes	
Enfamil Premature 24	0-3	288-2 oz	597	2 cases
			597	2 cases
			597	2 cases
	4-5	236-2 oz	597	2 cases
			597	2 cases
			597	2 cases
			547	1 case
	6-11	240-2 oz baby foods cereal	597	2 cases
			597	2 cases
			547	1 case
			N76	14 jars
			N76	14 jars
N82			4 jars or 4 bananas/3 boxes	

Voucher Codes for Special Formula Packages for Some Breastfeeding Infants – Recommended Amounts

Formula Name	Age	Max Allowed	Voucher Code	Amount
Neocate Infant DHA & ARA	0-3	6-powder	505	1 can
			505	1 can
			500	4 cans
	4-5	7-powder	500	4 cans
			505	1 can
			505	1 can
			505	1 can
	6-11	5-powder	500	4 cans
			505	1 can
		baby foods cereal	N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
Nutramigen with Enflora LGG	0-3	7-powder	157	1 can
			157	1 can
			156	5 cans
	4-5	8-powder	156	5 cans
			S32	3 cans
	6-11	6-powder	S32	3 cans
			S32	3 cans
		baby foods cereal	N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
PurAmino	1-3	6-powder	S14	3 cans
			S14	3 cans
	4-5	7-powder	707	1 can
			S14	3 cans
			S14	3 cans
	6-11	5-powder	S14	3 cans
			707	1 can
		baby foods cereal	707	1 can
			N76	14 jars
			N76	14 jars
			N82	4 jars or 4 bananas/3 boxes
	Pregestimil	0-3	6-powder	S08
S08				3 cans
4-5		7-powder	S08	3 cans
			140	4 cans

Voucher Codes for Special Formula Packages for Some Breastfeeding Infants – Recommended Amounts

Formula Name	Age	Max Allowed	Voucher Code	Amount	
	6-11	6-powder baby foods cereal	S08	3 cans	
			S08	3 cans	
			N76	14 jars	
			N76	14 jars	
			N82	4 jars or 4 bananas/3 boxes	
Similac Expert Care Neosure	1-3	7-powder	482	1 can	
			482	1 can	
			S25	5 cans	
	4-5	8-powder	520	4 cans	
			520	4 cans	
	6-11	6-powder baby foods cereal	519	6 cans	
			N76	14 jars	
			N76	14 jars	
			N82	4 jars or 4 bananas/3 boxes	
	Similac PM 60/40	0-3	6-powder	528	3 cans
528				3 cans	
4-5		7-powder	529	4 cans	
			528	3 cans	
6-11		5-powder baby foods cereal	483	1 can	
			529	4 cans	
			N76	14 jars	
			N76	14 jars	
Similac Special Care 20		0-3	288-2 oz	598	2 cases
				598	2 cases
	598			2 cases	
	4-5	236-2 oz	521	1 case	
			598	2 cases	
			598	2 cases	
			598	2 cases	
	6-11	240-2 oz baby foods cereal	521	1 case	
			598	2 cases	
			598	2 cases	
			N76	14 jars	
			N76	14 jars	
				N82	4 jars or 4 bananas/3 boxes

Voucher Codes for Special Formula Packages for Some Breastfeeding Infants – Recommended Amounts

Formula Name	Age	Max Allowed	Voucher Code	Amount	
Similac Special Care 24	0-3	288-2 oz	594	2 cases	
			594	2 cases	
			594	2 cases	
	4-5	236-2 oz	594	2 cases	
			594	2 cases	
			594	2 cases	
			523	1 case	
	6-11	240-2 oz	523	1 case	
			594	2 cases	
			594	2 cases	
			baby foods cereal	N76	14 jars
				N76	14 jars
				N82	4 jars or 4 bananas/3 boxes

Formula	Age	Max Allowed	Voucher Code	Amount	
Similac Special Care 30	0-1	48-2 oz	525	1 case	
	1-3	192-2 oz	585	2 cases	
			585	2 cases	
	4-5	224-2 oz	585	2 cases	
			585	2 cases	
			526	16 bottles	
			526	16 bottles	
	6-11	160-2 oz	525	1 case	
			585	2 cases	
			526	16 bottles	
			526	16 bottles	
			baby foods cereal	N76	14 jars
				N76	14 jars
				N82	4 jars or 4 bananas/3 boxes

FP-30: Supplemental Formula Conversion Table - Modulars

Displacement Method

Monthly RX	Amount of Formula Replaced			
	Concentrate 12 - 13 oz	Powder 12 - 16 oz	Powder 22 - 24 oz	Ready to Feed 32 - 34 oz

Duocal (14.1 oz powder) 1 can contains 48 TBSP/80 scoops/2008 Calories				
1 can	4	1	1	4
2 cans	8	2	1	7
3 cans	12	3	2	10
4 cans	16	4	2	13

SolCarb (8 oz) 1 can contains 57 TBSP/851 Calories				
1 can	1	1	1	1
2 cans	2	1	1	2
3 cans	3	2	2	3
4 cans	4	2	2	4
5 cans	5	3	3	5

BeneCalorie (1.5 oz cup) 1 packet contains 330 calories and 7 grams of protein				
1-2 packet(s)	1	1	1	1
3 packets	2	1	1	2
4-5 packets	3	1	1	3
6 packets	4	2	1	3
7-8 packets	5	2	1	4
9 packets	6	2	1	5
10-11 packets	7	2	1	6
12 packets	8	2	2	6
13-14 packets	9	2	2	7
15 packets	10	3	2	8
16-17 packets	11	3	2	9
18 packets	12	3	2	10
19-20 packets	13	3	2	10
21 packets	13	4	2	11
22-23 packets	14	4	2	12
24 packets	15	4	2	12
25-26 packets	16	4	3	13
27 packets	17	4	3	14
28-29 packets	18	5	3	15
30 packets	19	5	3	15

Monthly RX	Amount of Formula Replaced			
	Concentrate 12 - 13 oz	Powder 12 - 16 oz	Powder 22 - 24 oz	Ready to Feed 32 - 34 oz

Human Milk Fortifier
If combining this with other formula, please call the Nutrition Unit for assistance 404-657-2884

BeneProtein (8 oz can) 1 can contains 810 calories and 194 grams of protein

1 can	2	1	1	1
2 cans	3	1	1	3
3 cans	5	2	1	4
4 cans	6	2	1	5

MCT Oil (32 fl oz bottle) 1 bottle contains 960 cc/64 TBSP/7392 Calories

1 bottle	3	1	1	3
2 bottles	6	2	1	3

Microlipid (3 oz bottle) 1 bottle contains 88.7 ml/399 Calories/44 gr Fat

1-4 bottles	1	1	1	1
5-8 bottles	2	1	1	2
9-10 bottles	3	1	1	3
11-14 bottles	4	1	1	4
15-18 bottles	5	1	1	5
19-20 bottles	6	2	1	6

Complete Amino Acid Mix

1 can	1	1	1	1
2 cans	2	1	1	2
3 cans	3	1	1	3
4 cans	4	1	1	4
5 cans	5	2	1	5
6 cans	6	2	1	6
7 cans	7	2	1	7
8 cans	8	2	1	8
9 cans	9	3	2	9

ProMod (1 qt bottle) 3680 calories per bottle/32 servings/10 CHO, 7 PRO per serving

1 bottle	8	2	1	6
2 bottles	16	4	2	12
3 bottles	24	6	3	18

L-Arginine

1- 4 bottles	1	1	1	1
5-8 bottles	2	1	1	2
9-12 bottles	3	1	1	3
13-16 bottles	4	2	1	4

17-20 bottles	5	2	1	5
21-24 bottles	6	2	1	6
25-29 bottles	7	2	2	7
Monthly RX	Amount of Formula Replaced			
	Concentrate 12 - 13 oz	Powder 12 - 16 oz	Powder 22 - 24 oz	Ready to Feed 32 - 34 oz

MCT Procal (480g tub) 3150 calories per tub/30–2 scoop serving/10 gr MCT, 2 gr PRO, 105 cal per serving				
1 tub	6	1	1	6
2 tub	12	3	2	12
3 tub	18	5	3	18

MCT Procal (16 gr packet) 10 gr MCT, 2 gr PRO, 105 cal per packet				
0-5 packets	1	1	1	1
6-10 packets	2	1	1	2
11-15 packets	3	1	1	2
16-20 packets	4	1	1	3
21-25 packets	5	1	1	4
26-30 packets	6	1	1	5
31-35 packets	7	2	1	6
36-40 packets	8	2	1	7
41-45 packets	9	2	1	7
46-50 packets	10	2	1	8
51-55 packets	11	2	1	9
56-60 packets	12	3	2	10
61-65 packets	13	3	2	11
66-70 packets	14	3	2	12
71-75 packets	15	4	2	12
75-80 packets	16	4	2	13
81-85 packets	17	4	2	14
86-90 packets	18	5	3	15

FP-31: MAXIMUM MONTHLY AMOUNTS OF FORMULA AUTHORIZED FOR CHILDREN & WOMEN WITH QUALIFYING MEDICAL CONDITIONS

FOOD PACKAGE III

See Also Children and Women Maximum Amounts Attachments FP-32 & FP-33

FORMULA TYPES, SIZES AND ADDITIONAL AMOUNTS

Formula Type:	Child Max
<u>Concentrate-</u>	455 fluid ounces
<u>RTF-</u>	910 fluid ounces
<u>Powder-</u>	910 fluid ounces reconstituted or 144 oz (if no standard dilution)

TYPE	CAN SIZE	Children & Women Maximum Amounts
<u>Concentrate</u>	13 ounces	35 cans or 455 ounces maximum concentrate or 910 fluid ounces reconstituted
	12.1 ounces	37 cans or 477.7 ounces concentrate or 895.4 fluid ounces reconstituted
<u>Ready-To-Feed</u>	32 ounces	28 cans or 910 fluid ounces
	33.8 ounces	26 4-packs or 878.8 fluid ounces

Table for Powder Formulas With Standard Mixing Instructions

<u>Powdered</u> ⁴	Reconstituted fluid ounces per container	Maximum Number of Cans Allowed
	66-70	13
	71-75	12
	76-82	11
	83-91	10
	92-101	9
	102-113	8
	114-130	7
Maximum Allowed		910 fl oz

⁴ Refer to product label or manufacturer’s website for reconstitution.

Table for Powder Exempt Formulas and Nutritionals Without Standard Reconstitution Instructions for Children and Women

<u>Powdered</u> ⁵	144 ounces Maximum by can weight	Maximum Number of Cans Allowed Per Month
	12 ounces	12 cans
	12.8 ounces	11 cans
	12.9 ounces	11 cans
	14.1 ounces	10 cans
	14.3 ounces	10 cans
	16 ounces	9 cans
	24 ounces	6 cans
	25.7 ounces	5 cans

⁵ Use this table only for powdered products that do not have standard instructions for reconstitution, such as metabolic formulas.

FP-32: MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR CHILDREN

Food Package IV	
FOOD	MAXIMUM AMOUNT PER MONTH
Milk ^{1,2}	16 quart equivalents
Cheese ³	1 pound
Tofu	4 pounds
Eggs	1 dozen
Juice	2-64 ounce containers
Cereal	36 ounces (Maximum of 32 oz infant cereal)
Beans/Peas OR Peanut Butter	1 pound bag dried or 4 cans (15-16 ounces) OR 1 container (16-18 oz)
Fruits and Vegetables	\$8.00
Whole Grain Bread or alternative	32 ounces

¹ May substitute up to 16 quarts of lactose reduced milk for up to 4 gallons of milk.

² Substitution amounts for fluid milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ³
Evaporated milk, whole or skim , 12 ounces	4 cans equal 3 quarts ^{4,5}
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts ^{6,7}
Tofu, 1 pound	1 quart ⁸

³ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed.

⁴ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with evaporated milk (16 cans). This leaves one gallon of fluid milk in the food package.

⁵ If one pound of cheese is issued, a maximum of 9 quarts of milk may be issued with evaporated milk (12 cans). This leaves one gallon of fluid milk in the food package.

⁶ If no cheese is issued, a maximum of 12 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁷ If one pound of cheese is issued a maximum of 9 quarts of milk may be substituted with dry powder milk. This leaves one gallon of fluid milk in the food package.

⁸ Subtract from monthly milk allotment.

See Attachment FP-41 for more information on milk substitutions

FP-33: MAXIMUM MONTHLY AMOUNTS OF WIC FOODS AUTHORIZED FOR WOMEN

FOOD	PREGNANT (Singleton), MOSTLY BREASTFEEDING	EXCLUSIVELY BREASTFEEDING⁸, PREGNANT WITH MULTIPLE FETUSES, MOSTLY BREASTFEEDING MULTIPLES	NON-BREASTFEEDING, SOME BREASTFEEDING
	Food Package V	Food Package VII	Food Package VI
Milk ^{2,3}	22 quart equivalents	24 quart equivalents	16 quart equivalents
Cheese ⁴	1 pound	2 pounds	1 pound
Tofu ⁵	4 pounds	6 pounds	4 pounds
Eggs	1 dozen	2 dozen	1 dozen
Juice	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	3 (48 oz) containers or 3-12 oz cans frozen or 3-11.5 oz cans pourable	2 (48 oz) containers or 2-12 oz cans frozen or 2-11.5 oz cans pourable
Cereal	36 ounces	36 ounces	36 ounces
Beans/Peas and/or Peanut Butter	1 pound bag dried or 4 (15-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (15-16 oz) cans and 1 container (16-18 oz)	1 pound bag dried or 4 (15-16 oz) cans OR 1 container (16-18 oz)
Fruit and Vegetable	\$11.00	\$11.00	\$11.00
Whole Grain or Alternative	16 oz	16 oz	N/A
Fish ¹	N/A	29 to 30 oz	N/A

¹ Additional item authorized for Food Package VII only.

² May substitute up to maximum quart equivalents of lactose reduced milk for milk.

³ Substitution amounts for fluids milk include:

ITEM	FLUID MILK EQUIVALENTS
Cheese, 1 pound	3 quarts ⁴
Evaporated milk, non-fat (12 oz)	4 cans equal 3 quarts ⁶
Nonfat or low-fat dry milk	1-3 quart container equal to 3 quarts ⁷
Tofu, 1 pound	1 quart ⁵

⁴ Subtract from monthly milk allotment. A maximum of one (1) pound of cheese per month is allowed for women in Food Packages V and VI. Women in Food Package VII are allowed up to a total of two (2) pounds of cheese per month.

⁵ One (1) pound of tofu can be substituted for 1 quart of milk. Subtract from monthly milk allotment.

⁶ For postpartum women not receiving cheese, a maximum of 12 quarts of milk may be substituted with evaporated milk or 9 quarts when one (1) pound of cheese is issued. In both cases this leaves one gallon of fluid milk.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with evaporated milk or 15 quarts when one (1) pound of cheese is issued. In both cases, one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with evaporated milk. They would receive two (2) pounds of cheese with this package.

⁷ For postpartum women not receiving cheese a maximum of 12 quarts of milk may be substituted with dry powder milk or 9 quarts with one (1) pounds of cheese. In both cases one gallon of fluid milk is left.

For pregnant and breastfeeding women not receiving cheese, a maximum of 18 quarts of milk may substituted with dry powder milk or 15 quarts when one (1) pound of cheese is issued. In both cases one gallon of fluid milk is left.

For exclusively breastfeeding women 21 quarts of milk may be substituted with dry powder milk. They would receive two (2) pounds of cheese with this package.

⁸ Women exclusively breastfeeding multiple infants receive 1.5 times the amounts of food listed in the table for women exclusively breastfeeding one infant. Items not in full packages can be averaged over two months (e.g., 1.5 jars of peanut butter with one jar being issued one month and two jars to next month).

FP-34: Maximum Monthly Amounts of WIC Foods Authorized for Alternative Food Packages

FOR FULLY FORMULA FED INFANTS (0-3 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	24-33.8 oz containers (4-pack)	832 fluid ounces
This food package consists of two vouchers per month.		

FOR FULLY FORMULA FED INFANTS (4-5 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	27-33.8 oz containers (4-pack)	913 fluid ounces
This food package consists of two vouchers per month.		

FOR FULLY FORMULA FED INFANTS (6-11 MONTHS)

Contract Standard Formulas

TYPE	SIZE	MAXIMUM AMOUNT
Ready-To-Feed	19-33.8 oz containers (4-pack)	643 fluid ounces
Cereal, Infant	3-8 oz boxes, dry	24 ounces
Infant fruit and vegetables	32-4 oz jars	128 ounces
This food package consists of four vouchers per month.		

**FOR CHILDREN AND WOMEN WITH QUALIFYING MEDICAL CONDITIONS:
MAXIMUM MONTHLY AMOUNTS AUTHORIZED FOR FORMULAS**

<u>FOOD</u>	<u>SIZE</u>	<u>MAXIMUM AMOUNTS</u>
Ready-To-Feed Formula	27-33.8 oz containers (4-pack)	910 fluid ounces

**ALTERNATIVE FOOD PACKAGES FOR CHILDREN AGES 1 THROUGH 5 YEARS
MAXIMUM MONTHLY AMOUNTS AUTHORIZED**

<u>FOOD</u>	<u>SIZE</u>	<u>MAXIMUM AMOUNTS</u>
UHT Milk	64-8 ounce OR half pint boxes	512 fluid ounces
Cereal	2 - 18 oz boxes	36 ounces
Juice	2-64 oz containers	128 fluid ounces
Peanut Butter	1 container (16-18 oz)	18 ounces
Whole Grain Bread or alternative	2-16 oz loaves	32 oz
Fruit and vegetable	\$8	\$8
This food package consists of six (6) vouchers.		

**FOR PREGNANT AND MOSTLY BREASTFEEDING WOMEN
 MAXIMUM MONTHLY AMOUNTS AUTHORIZED**

FOOD	PREGNANT AND MOSTLY BREASTFEEDING Food Package V	EXCLUSIVELY BREASTFEEDING, MOSTLY BREASTFEEDING MULTIPLES, AND PREGNANT WITH MULTIPLE FETUSES Food Package VII	SOME BREASTFEEDING AND NON-BREASTFEEDING Food Package VI
UHT Milk, low-fat	88 - 8 ounce OR half pint boxes	96 - 8 ounce OR half pint boxes	64 – 8 ounce OR half pint boxes
Cheese		1 lb cheese	
Whole grains or Alternative	16 oz	16 oz	N/A
Cereal	2 – 18 oz boxes	2 – 18 oz boxes	2 – 18 oz boxes
Juice	3 - 48 oz containers	3 - 48 oz containers	2 - 48 oz containers
Peanut Butter	2 containers (16-18 oz each)	1 container (16-18 oz) and 4 (15-16 oz) cans	1 container (16-18 oz)
Beans/Peas	N/A		N/A
Fish	N/A	6 – 5 oz cans	N/A
Fruit and vegetable	\$1 ¹	\$1 ¹	\$1 ¹
Note* These food packages consist of 6-8 vouchers			

FP-35: How to Convert Breastfeeding Packages

- Step 1: List food allowed in smaller package
- Step 2: Subtract amounts of foods on vouchers already cashed
- Step 3: Issue remaining foods using a 999 food package

Sample 1: Mostly to Some Breastfeeding Food Packages (W01 to W21)

(Mom returns voucher codes W02 and 040)

	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	F/veg
Allowed	2 ½ gal	1 pkg	2	1	1	36	1 or 1	\$11
041	1 gal		2		1	36		
Remaining	1 ½ gal	1 pkg	0	1	0	0	1 or 1	\$11
W01	1 gal	1		1			1 PB	
Issue	½ gal	0	0	0	0	0	0	\$11

Issue VC A34. Client may keep P03 and P06 voucher. Mom would return W02 and 040.

Sample 2: Exclusively to Mostly Breastfeeding (W41 to W01)

(Mom returns voucher codes 039, W03)

	Milk	Dry milk	Juice	Cheese	Eggs	Cereal	Beans/PB	Whole Grain	F/veg
Allowed	4	1	3	1	1	36 oz	1 and 1	16 oz	\$11
W82	2		2		1	36			
Remaining	2	1	1	1	0	0	1 and 1	16	\$11
W02	1						1 beans	16	
Remaining	1	1	1	1	0	0	1 PB	0	\$11

Issue VC 040 and A35. Mom returns 039, W03.

Special Voucher Codes Used in Converting Standard Food Packages

A34	Milk:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand
A35	Dry Milk: Cheese: Peanut Butter:	1-3 quart container non-fat dry powder or 4-12 oz cans low-fat (fat-free, skimmed,) evaporated 1-16 oz package 1 container (16-18 oz)
040	Milk: Juice:	1 gallon low fat (fat-free, 1%) No whole or 2% milk Least expensive brand 1-48 oz container or 1-12 oz can frozen or 1-11.5 oz can pourable concentrate
W71	Juice: Eggs: Cereal:	1-48 oz container (48 oz) or 1-12 oz can frozen or 1-11.5 oz can pourable concentrate 1 dozen 36 oz (can choose a combination of allowed box sizes)

The following tables can be used for converting the most common breastfeeding food package changes Mostly BF (W01) to Some or Non BF (W21) and Exclusively BF (W41) to Mostly BF (W01).

Table 1: How to Convert Breastfeeding Packages Mostly BF (W01) to Some or Non BF (W21)

1. Determine which vouchers the mom has remaining from the W01 package.
2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
3. If “yes”, follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula-fed infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W21).
4. If “no”, the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W21).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
6 VOUCHERS LEFT		
P03, P06, 041, W01, W02, 040	Yes	Void all 6 vouchers. Issue W21.
5 VOUCHERS LEFT		
P03, P06, W01, W02, 040	Yes	Void vouchers W02, 040, W01. Give vouchers P03, P06 to client. Re-issue voucher codes W04, W06, 772.
P03, P06, 041, W01, W02	Yes	Void vouchers W02, 041, W01. Give vouchers P03, P06 to client. Re-issue voucher codes W04, W05, W06, 778.
P03, P06, 041, W02, 040	Yes	Void vouchers 041, W02, 040. Give vouchers P03, P06 to client. Re-issue voucher codes W05, A34, 273.
P03, P06, 041, W01, 040	No	Must wait until the next issuance to issue W21.
4 VOUCHERS LEFT		
041, W01, W02, 040	Yes	Void all 4 vouchers. Re-issue voucher codes W41, W04, W05, W06.
P03, P06, W02, 040	Yes	Void vouchers W02, 040. Give vouchers P03, P06 to client. Re-issue voucher code A34.
P03, P06, 041, W02	Yes	Void vouchers W02, 041. Give vouchers P03, P06 to client. Re-issue voucher codes W71, A34.
P03, P06, 041, W01	No	Must wait until the following pick-up to issue W21.
P03, P06, W01, W02	No	Must wait until the following pick-up to issue W21.
P03, P06, 040, 041	No	Must wait until the following pick-up to issue W21.
P03, P06, W01, 040	No	Must wait until the following pick-up to issue W21.

3 VOUCHERS LEFT		
041, W01, W02	Yes	Void vouchers 041, W01, W02. Re-issue voucher codes W04, W05, W06, 778.
W01, W02, 040	Yes	Void vouchers W01, W02, 040. Re-issue voucher codes W04, W06, 772.
W02, 040, 041	Yes	Void vouchers W02, 040, 041. Re-issue voucher codes W05, A34, 273.
041, W01, 040	No	Must wait until the following pick-up to issue W21.
P03, P06, 041	No	Must wait until the following pick-up to issue W21.
P03, P06, W01	No	Must wait until the following pick-up to issue W21.
P03, P06, W02	No	Must wait until the following pick-up to issue W21.
P03, P06, 040	No	Must wait until the following pick-up to issue W21.
2 VOUCHERS LEFT		
W02, 041	Yes	Void vouchers W02, 041. Re-issue voucher codes W71, A34.
W02, 040	Yes	Void vouchers W02, 040. Re-issue voucher code A34.
041, W01	No	Must wait until the following pick-up to issue W21.
041, 040	No	Must wait until the following pick-up to issue W21.
W01, W02	No	Must wait until the following pick-up to issue W21.
W01, 040	No	Must wait until the following pick-up to issue W21.
1 VOUCHER LEFT		
No change can be made for any single voucher left.		

Table 2: How to Convert Breastfeeding Packages Exclusively BF (W41) to Mostly BF (W01)

1. Determine which vouchers the mom has left from the W41 package.
2. Find the codes for the voucher not spent in the first column of the table below to determine if the change can be made in the middle of her pick-up.
3. If “yes”, follow the instructions on how to make the change for the mom. The infant should be issued the remainder of formula allowed for a fully formula fed-infant; remember to subtract the amount of formula already issued for the month. For the following pick-up, issue regular FP to mom (W01).
4. If “no”, the change cannot be made in the middle of the pick-up month. You can only exchange her next full set of vouchers for the new package (W01).

Vouchers left (Have not been spent)	Can you change mid- month?	How to make change:
6 VOUCHERS LEFT		
P03, P06, W82, 039, W02, W03	Yes	Void all 6 vouchers. Issue W01.
5 VOUCHERS LEFT		
P03, P06, 039, W02, W03	Yes	Void vouchers 039, W03. Give vouchers P03, P06 & W02 to client. Re-issue voucher codes A35, 040.

P03, P06, W82, W02, W03	Yes	Void vouchers W82, W03. Give vouchers P03, P06 & W02 to client. Re-issue voucher codes 040, 040, A35, 780.
P03, P06, W82, 039, W03	Yes	Void vouchers 039, W03. Give vouchers P03, P06 & W82 to client. Re-issue voucher codes 040, A35.
P03, P06, W82, 039, W02	No	Must wait until the following pick-up to issue W01.
4 VOUCHERS LEFT		
W82, 039, W02, W03	Yes	Void vouchers 039, W03. Give vouchers W82 & W02 to client. Re-issue voucher codes W01, 778.
P03, P06, 039, W03	Yes	Void vouchers 039, W03. Give vouchers P03, P06 to client. Re-issue voucher codes A35, 040.
P03, P06, W82, W03	Yes	Void vouchers W82, W03. Give vouchers P03, P06 to client. Re-issue voucher codes 040, 040, 780, A35.
P03, P06, W02, W03	No	Must wait until the following pick-up to issue W01.
P03, P06, 039, W02	No	Must wait until the following pick-up to issue W01.
P03, P06, W82, W02	No	Must wait until the following pick-up to issue W01.
P03, P06, W82, 039	No	Must wait until the following pick-up to issue W01.
3 VOUCHERS LEFT		
039, W02, W03	Yes	Void vouchers 039, W03. Give voucher W02 to client. Re-issue voucher code A35, 040.
W82, W02, W03	Yes	Void vouchers W82, W03. Give voucher W02 to client. Re-issue voucher codes 040, 040, A35, 780.
W82, 039, W03	Yes	Void vouchers 039, W03. Give voucher W82 to client. Re-issue voucher codes 040, A35.
W82, 039, W02	No	Must wait until the following pick-up to issue W01.
P03, P06, W82	No	Must wait until the following pick-up to issue W01.
P03, P06, 039	No	Must wait until the following pick-up to issue W01.
P03, P06, W02	No	Must wait until the following pick-up to issue W01.
P03, P06, W03	No	Must wait until the following pick-up to issue W01.
2 VOUCHERS LEFT		
W82, W03	Yes	Void vouchers W82, W03. Re-issue voucher codes A35, 040, 040, 780.
039, W03	Yes	Void vouchers 039, W03. Re-issue voucher code A35, 040.
W82, 039	No	Must wait until the following pick-up to issue W01.
W82, W02	No	Must wait until the following pick-up to issue W01.
039, W02	No	Must wait until the following pick-up to issue W01.
W02, W03	No	Must wait until the following pick-up to issue W01.
1 VOUCHER LEFT		
No change can be made for any single voucher left.		

FP-36: Infant Formulas with Sequencing Exceptions

Similac Expert Care Alimentum, Pregestimil

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	7 powder
2 month 16 days – 5 months 15 days		S**	8 powder
5 months 16 days – 11 months 15 days		T**	6 powder +
*5 months 16 days – 11 months 15 days	S**	S**	8 powder

* Alternative package for infants unable to eat solids foods

** Insert package number for type of formula being issued

+ Receives infant cereal and infant fruits and vegetables in addition to formula

PurAmino

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 2 month 15 days	R**	R**	8 powder
2 month 16 days – 5 months 15 days		S**	9 powder
5 months 16 days – 11 months 15 days		T**	7 powder +
*5 months 16 days – 11 months 15 days	S**	S**	9 powder

* Alternative package for infants unable to eat solids foods

** Insert package number for type of formula being issued

+ Receives infant cereal and infant fruits and vegetables in addition to formula

Similac PM 60/40

Age at Issuance	Package Assigned	Package Issued	Amount Issued
0 – 3 month 15 days	R14	R14	8 powder
3 month 16 days – 5 months 15 days		S14	9 powder
5 months 16 days – 6 months 15 days		V14	7 powder+
6 months 16 days – 11 months 15 days		T14	6 powder+
*6 months 16 days – 11 months 15 days	S	S14	9 powder

* Alternative package for infants unable to eat solids foods

+Receives infant cereal and infant fruits and vegetables in addition to formula

FP-37: WIC Approved Formulas/Nutritionals

Contract Infant Formula: a,b	
Gerber Good Start Gentle	Nestlé HealthCare Nutrition
Gerber Good Start Soy	Nestlé HealthCare Nutrition
Gerber Good Start Soothe	Nestlé HealthCare Nutrition
Gerber Graduates Gentle (age 9-11 months)	Nestlé HealthCare Nutrition
Gerber Graduates Soy (age 9-11 months)	Nestlé HealthCare Nutrition
Gerber Graduates Soothe (age 9-11 months)	Nestlé HealthCare Nutrition

Non-Contract Formulas/Nutritionals Requiring Medical Documentation: a,b,c

Formula	Manufacturer
A-Soy	PBM Products
Acerflex	Nutricia
Add-Ins	Nutricia
Advera	Abbott Nutrition
AlitraQ	Abbott Nutrition
Benecalorie	Nestlé Nutrition
Beneprotein	Nestlé Nutrition
Boost	Nestlé Nutrition
Boost Glucose Control	Nestlé Nutrition
Boost High Protein	Nestlé Nutrition
Boost Kid Essentials	Nestlé Nutrition
Boost Kid Essentials 1.5	Nestlé Nutrition
Boost Kid Essentials 1.5 w / fiber	Nestlé Nutrition
Boost Plus	Nestlé Nutrition
Boost Pudding	Nestlé Nutrition
Bright Beginning Soy	PBM Products

Formula	Manufacturer
Calcilo XD	Abbott Nutrition
Carnation Breakfast Essentials	Nestlé Nutrition
Carnation Breakfast Essentials, No Sugar Added	Nestlé Nutrition
Compleat	Nestlé Nutrition
Compleat Pediatric	Nestlé Nutrition
Compleat Pediatric Reduced Calorie	Nestlé Nutrition
Complex MSUD Amino Acid Bars	Applied Nutrition Corporation
Crucial	Nestlé Nutrition
Cyclinex 1	Abbott Nutrition
Cyclinex 2	Abbott Nutrition
Duocal	Nutricia
EleCare Jr	Abbott Nutrition
EleCare (for Infants)	Abbott Nutrition
Enfamil A.R.	Mead Johnson

Formula	Manufacturer
Enfamil EnfaCare	Mead Johnson
Enfamil Human Milk Fortifier Acidified Liquid	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 20 with iron	Mead Johnson
Enfamil Premature 24 with iron	Mead Johnson
Enfaport	Mead Johnson
Enlive	Abbott Nutrition
Ensure Original Nutrition Shake	Abbott Nutrition
Ensure High Protein	Abbott Nutrition
Ensure Plus	Abbott Nutrition
Ensure Pudding	Abbott Nutrition
EO28 Splash	Nutricia

Formula	Manufacturer
Fiber Source HN	Nestlé Nutrition
Gerber Good Start Premature 24	Nestlé Nutrition
Glucerna	Abbott Nutrition
Glutarex-1	Abbott Nutrition
Glutarex-2	Abbott Nutrition
Hominex-1	Abbott Nutrition
Hominex-2	Abbott Nutrition
Introlite	Abbott Nutrition
IsoSource 1.5	Nestlé Nutrition
IsoSource HN	Nestlé Nutrition
I-Valex-1	Abbott Nutrition
I-Valex-2	Abbott Nutrition
Jevity	Abbott Nutrition
KetoCal 3:1	Nutricia
KetoCal 4:1	Nutricia
Ketonex-1	Abbott Nutrition
Ketonex-2	Abbott Nutrition
KetoVie	Cambrooke Therapeutics
KetoVolve	Solace Nutrition
L-Emental	Hormel Health Labs
L-Emental Hepatic	Hormel Health Labs
L-Emental Pediatric	Hormel Health Labs
Lipistart	Vitaflow
Lophlex LQ	Nutricia
Lo*Pro	Med-Diet Labs

Formula	Manufacturer
MCT Oil	Nestlé Nutrition
MCT Procal	Vitaflow
Methionaid	Nutricia
Microlipid	Nestlé Nutrition
Monogen	Nutricia
MSUD Analog	Nutricia
MSUD Maxamaid	Nutricia
MSUD Maxamum	Nutricia
MSUD-1	Nutricia
MSUD-2	Nutricia
Neocate Infant DHA & ARA	Nutricia
Neocate Junior	Nutricia
Neocate Junior with Prebiotics	Nutricia
Neocate Nutra	Nutricia
Nepro with Carb Steady	Abbott Nutrition
Nitro-Pro	Hormel Health Labs
NovaSource Renal	Nestle Nutrition
Nutramigen	Mead Johnson
Nutramigen with Enflora LGG	Mead Johnson
Nutramigen Toddler	Mead Johnson
Nutren 1.0	Nestle Nutrition
Nutren 1.0 with Fiber	Nestlé Nutrition
Nutren 1.5	Nestlé Nutrition
Nutren 2.0	Nestlé Nutrition

Formula	Manufacturer
Nutren Glytrol	Nestlé Nutrition
Nutren Junior	Nestlé Nutrition
Nutren Junior Fiber	Nestlé Nutrition
Nutren Pulmonary	Nestlé Nutrition
Nutren Replete with Fiber	Nestlé Nutrition
NutriHep	Nestlé Nutrition
Osmolite	Abbott Nutrition
Osmolite HN Plus	Abbott Nutrition
PediaSure	Abbott Nutrition
PediaSure w/Fiber	Abbott Nutrition
PediaSure 1.5 Cal	Abbott Nutrition
PediaSure 1.5 Cal with fiber	Abbott Nutrition
PediaSure Enteral	Abbott Nutrition
PediaSure Enteral w/Fiber and scFOS	Abbott Nutrition
PediaSure Peptide 1.0 Cal	Abbott Nutrition
PediaSure Peptide 1.5 Cal	Abbott Nutrition
Peptide Junior	Nutricia
Peptamen	Nestle Nutrition
Peptamen 1.5	Nestlé Nutrition
Peptamen AF	Nestlé Nutrition
Peptamen Junior	Nestlé Nutrition

Formula	Manufacturer
Peptamen Junior Fiber	Nestlé Nutrition
Peptamen Junior 1.5	Nestlé Nutrition
Peptamen Junior with Prebio	Nestlé Nutrition
Peptamen OS	Nestlé Nutrition
Peptamen OS 1.5	Nestlé Nutrition
Perative	Abbott Nutrition
Periflex Advance	Nutricia
Periflex Infant	Nutricia
Periflex Junior	Nutricia North America
Phenex-1	Abbott Nutrition
Phenex-2	Abbott Nutrition
PhenylAde 40Drink Mix	Applied Nutrition Corporation
PhenylAde 60Drink Mix	Applied Nutrition Corporation
PhenylAde Amino Acid Bars	Applied Nutrition Corporation
PhenylAde Amino Acid Blend	Applied Nutrition Corporation
PhenylAde Drink Mixes	Applied Nutrition Corporation
PhenylAde Essential Drink	Applied Nutrition Corporation
PhenylAde MTE Amino Acid Blend	Applied Nutrition Corporation
Phenyl-Free 2	Mead Johnson
Phenyl-Free 2HP	Mead Johnson

Formula	Manufacturer
Phlexy – 10 Bar	Nutricia
Phlexy – 10 Capsules	Nutricia
Phlexy – 10 Drink Mix	Nutricia
PKU-Express	Vitaflo Limited
PKU-Gel	Vitaflo Limited
Polycal	Nutricia
Portagen	Mead Johnson
Pregestimil	Mead Johnson
Pregestimil 24	Mead Johnson
ProBalance	Nestle Nutrition
Product 3200AB	Mead Johnson
Product 3232 A	Mead Johnson
Product 80056	Mead Johnson
ProMod	Abbott Nutrition
Promote	Abbott Nutrition
Promote with Fiber	Abbott Nutrition
Pro-Peptide	Hormel Health Labs
Pro-Peptide for Kids	Hormel Health Labs
Pro-Peptide VHN	Hormel Health Labs
Pro-Phree	Abbott Nutrition
Propimex-1	Abbott Nutrition
Propimex-2	Abbott Nutrition
Protifar	Nutricia North America
ProViMin	Abbott Nutrition

Formula	Manufacturer
Pulmocare	Abbott Nutrition
PurAmino	Mead Johnson
RE/GEN	Nutra/Balance
Renalcal	Nestlé Nutrition
Resource 2.0	Nestlé Nutrition
Resource Breeze	Nestlé Nutrition
RCF (No Added Carbohydrate Soy Infant Formula Base With Iron)	Abbott Nutrition
Scandical Calorie Booster	Aptalis
Scandishake	Aptalis
Scandishake Lactose Free	Aptalis
Scandishake Sugar Free	Aptalis
Similac Expert Care Alimentum	Abbott Nutrition
Similac Expert Care for Diarrhea	Abbott Nutrition
Similac Expert Care NeoSure	Abbott Nutrition
Similac Human Milk Fortifier	Abbott Nutrition
Similac PM 60/40	Abbott Nutrition
Similac Special Care with Iron 20	Abbott Nutrition

Formula	Manufacturer
Similac Special Care with Iron 24	Abbott Nutrition
Similac Special Care with Iron 30	Abbott Nutrition
SolCarb	Solace
Suplena with Carb Steady	Abbott Nutrition
Tolerex	Nestlé Nutrition
TwoCal HN	Abbott Nutrition
Tyrex-1	Abbott Nutrition
Tyrex-2	Abbott Nutrition
UCD Anamix Junior	Nutricia
UCD-2	Nutricia
Vital High Nitrogen	Abbott Nutrition

Formula	Manufacturer
Vivonex Pediatric	Nestlé Nutrition
Vivonex Plus	Nestlé Nutrition
Vivonex RTF	Nestlé Nutrition
Vivonex T.E.N.	Nestlé Nutrition
XLeu Analog	Nutricia
XLeu Maxamaid	Nutricia
XLeu Maxamum	Nutricia
XLYS, XTrp Analog	Nutricia
XLys, XTrp Maxamaid	Nutricia
XLys, XTrp Maxamum	Nutricia
XMet Analog	Nutricia
XMet Maxamaid	Nutricia
XMet Maxamum	Nutricia

Formula	Manufacturer
XMTVI Analog	Nutricia
XMTVI Maxamaid	Nutricia
XMTVI Maxamum	Nutricia
XPhe , XTyr Maxamaid	Nutricia
XPhe Maxamaid	Nutricia
XPhe Maxamum	Nutricia
XPhe Maxamum Drink (new name: Periflex LQ)	Nutricia
XPHE, XTyr Analog	Nutricia
XPTM Analog	Nutricia

1. Ready-to-feed formula may be indicated in limited documented cases, such as:
 - A. Unsanitary or restricted water supply
 - B. Inadequate refrigeration
 - C. Caregiver has a documented condition which inhibits the proper dilution of concentrated or powder formula.
 - D. For participants in Food Package III with a qualifying medical condition and who are receiving exempt infant formulas or nutritionals (a) if the ready-to-feed form better accommodates the participant's medical condition or (b) if the ready-to-feed form improves the participant's compliance in consuming the prescribed formula.
2. If a health care provider with prescriptive authority orders a product that is not on this list, contact the Nutrition Unit to determine whether the product is authorized for distribution through Georgia WIC.
3. Special formulas may be acquired through the Nutrition Unit. See Georgia WIC Procedures Manual, Food Package Section for appropriate procedure and forms.

FP-38: Formula Manufacturers

<p>Hormel Health Labs 3000 Tremont Road Savannah, Georgia 31405 (800) 866-7757</p> <p>Mead Johnson Nutritional Group 2400 W. Lloyd Expressway Evansville, Indiana 47721-0001 (800) 247-7893 - Adult Products (800) BABY-123 [222-9123] - Pediatric Products</p> <p>Med-Diet Laboratories, Inc. 3050 Ranchview Lane Plymouth, Minnesota 55447 (612) 550-2020; FAX (612) 550-2022 (800) 633-3438: Consumer Telephone Number</p> <p>Nestlé Nutrition 12 Vreeland Road, 2nd Floor Florham Park, New Jersey 07932 (973) 593-7500 FAX (973) 593-7718</p> <p>Nutra/Balance Products 7155 Wadsworth Way Indianapolis, Indiana 46219 (800) 432-3134</p> <p>Nutricia North America 9900 Belward Campus Drive, Ste. 100 Rockville, MD 20850 (800) 365-7354 FAX (301) 795-2301</p>	<p>PBM Products 204 N. Main St. Gordonsville, VA 22942 (800) 485-9969</p> <p>Ross Products Division, Abbott Nutrition 625 Cleveland Avenue Columbus, Ohio 43216 (800) 551-5838 (800) 227-5767: Consumer Information</p> <p>Scandipharm, Inc. 2200 Inverness Center Parkway Suite 310 Birmingham, Alabama 35242 (800) 950-8085</p> <p>Solace Nutrition One Research Court , Suite 450 Rockville, MD 20850 (888) 876-5223 FAX (401) 633-6066</p> <p>Vitaflo Limited Distributed Through: Transitional Service and Operation 123 East Neck Road Huntington, New York 11743 (631) 547-5984</p>
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FP-39: State Ordered Formula <https://dph.georgia.gov/district-resources>



Special Formula Order Form



1. Phone: 404-657-2884

2. Fax: 404-657-2886

3. New Order ___ 4. Repeat Order ___ 5. Rush Order Y ___ N ___ 6. Date Faxed _____ 7. SWO notified ___
 8. MDF Reviewed and Attached: _____ 9. Date of Next Cert: _____ 10. Next Cert Type: M ___ H ___ S ___
 11. Name of Participant & WIC ID number: _____ 12. DOB _____
 13. Child ___ Infant ___ Woman ___ 14. "First Day to Use" to be shown on voucher: _____
 15. Voucher Code: 199 16. Voucher Number: _____
 17. If Infant, AGE (months/days) as of "First Day to Use" date: _____ 18. Feeding Type: FFF ___ SBF ___ MBF ___
 19. Diagnosis(es) & ICD9/10: _____
 20. Name of formula: _____ 21. Flavor (if applicable): _____
 22. Type of formula: Powder ___ Concentrate ___ RTF ___ Other _____
 23. Justify RTF and/or container size: _____
 24. Estimated Time on Formula: _____ (Most restrictive of: MDF1 date, next cert, planned length of use, etc.)
 25. Print Clinic Name, Contact Person & Phone #: _____
 26. Ship formula to (Address/phone #): _____
 27. District Contact (Print Name & Phone #): _____
 28. Verified by Name/Signature/Phone#: _____

29. New Orders ONLY: a. # cans prescribed _____ b. # cans allowed _____ c. # cans on hand** _____
 30. Total # of cans needed: _____ 31. (SWO only: cases to order: _____ Amount Extra _____)
 32. (SWO only: Nutrition Consultant signature/date _____)
 33. (SWO only: 2nd month O _____/N _____/E _____ 3rd month O _____/N _____/E _____)
 34. Additional Information: _____

35. Repeat Orders ONLY (check which month): 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___
 36. a. # cans prescribed _____ b. # cans allowed _____ c. # cans on hand** _____
 37. Total # of cans needed: _____ 38. (SWO only: cases to order _____ Amount Extra _____)
 39. Additional Information: _____

40. District/Clinic Next Steps: Fax packing slip to SWO when formula is received

41. Check Trading Database: <https://sendss.state.ga.us/sendss!/WICFormula.screen>

42. Common Formula Maximums: <http://dph.georgia.gov/wic-formula-resources>

Revision 12- May 2015

Legend for the Special Formula Order Form Page 1 of 2

1. State WIC Phone contact for any questions related to a Special Formula Order
2. FAX number for ALL Special Formula orders – do not send to any other FAX number unless advised to do so by the State WIC Office (SWO)
3. New Order – check this if this is your initial order for a participant **OR** if there is any change to the previous Special Formula order (change of formula, change to oz/day, additional transfer of formula, change in flavor for Neocate Jr, new MDF form, order for tracking only, etc.)
4. Repeat Order – check this if there are no changes from the “new order” that was previously submitted
5. Rush Order – check ‘Y’ if your order is needed by the next business day (NOTE: there is a daily 3pm deadline in order to receive an order the next business day. Rush delivery is also dependent on stock availability). Check ‘N’ if not a rush order
6. Date Fax’d – enter date you are faxing the order
7. SWO notified – either call 404-657-2884 or email to advise that you are sending an order and if it is rush order
8. MDF Reviewed and attached – check this item after you have verified you have a valid MDF1 for your order
9. Date of Next Cert – enter date (month/year) of the next certification
10. Check next cert type using (M = mid-cert or mid-assessment / H = half cert / S = subsequent cert)
11. Name of WIC Participant & WIC ID# - **both** items need to be included
12. Participant Birth Date – enter as month/day/year and verify it matches date of birth on MDF1
13. Check if participant is a Child, Infant or Woman – **if an Infant**, then you will need to also complete # 18 “Feeding Type”
14. “First Day to Use” – This is the first date the voucher can be used. Enter as month/day/year.
15. Voucher Number – this is the number printed on the voucher and voucher receipt as it is printed. The number will allow the state to match the cost of the formula order directly to the voucher issued and the participant WIC ID number.
16. Voucher Number – enter the voucher number from the printed check.
17. INFANT AGE – enter # months and # days from DOB to “First Day to Use”
18. Feeding Type – check one for infants ---> FFF = fully formula fed SBF = some breastfed MBF = mostly breastfed
19. Diagnosis (es) – show all diagnoses **and** ICD-9/ICD10 that **justify** the formula being ordered
20. Name of formula – enter full name of the WIC approved formula or medical food
21. Flavor – enter preferred flavor when there are flavor options. If no flavor options enter n/a
22. Type of formula – check one or complete the “other” area (“other” may include packets, vials, etc)
23. Provide an explanation of the need for RTF when other forms of formula are available and/or the need for smaller container size (e.g. nursettes) when another RTF size is available (e.g. 32 oz)
24. Estimated time on formula – check for most restrictive of →MDF1 date of expiration, next cert, planned length of use, etc
25. Print Clinic Name, Contact Person Name & Direct Phone # - all information is needed
26. Ship formula to – enter full mailing address and phone # for the clinic/district location that will receive the formula shipment.

Legend for the Special Formula Order Form Page 2 of 2

27. Print District Contact Person Name & Direct Phone #
28. Verified by Name/Signature/Phone # - Enter the name of the person in your District who has verified and submitted this Special Formula Order, then they should sign their name and add the best current, direct contact number for our use should we have a question about the order
29. New Orders ONLY (District Entries):
 - a. # cans prescribed (based on the MDF1)
 - b. # cans allowed (**your final calculation** based on age and/or food restrictions, formula form, maximum amounts)
 - c. # cans on hand **– this includes prior formula you have on hand for this participant and/or formula received from within or out of your District for another participant (see # 40 for instructions)
30. Total # cans need to order = 29b minus 29c
31. SWO to complete
32. SWO to complete
33. SWO to complete
34. Additional Information – use this area to convey any additional information that will be useful in clarifying the order. This could include items such as: “reduced amount ordered due to proration”, NPO, further explanation of formula choice. Any information or explanation you want to convey to us should be entered in this area
35. Repeat Orders ONLY – check when this is the 2nd thru 6th order **from the same MDF1.** NOTE: If you have a new MDF1 or a revised MDF1 then your order will become a New Order (start at #3) and complete # 29 & 30 – New Orders ONLY
36. Repeat Orders – complete the order information
 - a. # cans prescribed (based on the MDF1)
 - b. # cans allowed (**your final calculation** based on age and/or food restrictions, formula form, maximum amounts)
 - c. # cans on hand **– this includes prior formula you have on hand for this participant and/or formula received from within or out of your District for another participant (see # 40 for instructions)
37. Total # of cans need to order = 36b minus 36c
38. SWO to complete
39. Additional Information – use this area to convey any additional information that will be useful in clarifying the order. This could include items such as: “reduced amount ordered due to proration”, NPO, further explanation of formula choice. Any information or explanation you want to convey to us should be entered in this area
40. District/Clinic Next Steps:
 - a. FAX packing slip to the SWO when formula is received
 - b. **Reminder!!** Once the formula is issued to the participant, keep the voucher signed by the participant (or guardian) in an easily accessible folder or box organized by participant and date.
41. Trading Database Link – check this database for the formula you need – consider future orders even when the current order is a rush.
42. Common Formula Maximums Link – table of formulas by name and max amounts for Infants & Children

FP-40: Special Formula Order Tracking Form
SAMPLE

Clients Name: _____

Date of Last MDF	Next MDF Due Date	P/U Code	Issuance Date	Voucher Number	Date Order Faxed to State	Amt of Formula Ordered	Amt of Formula Received	Date Order Received	Date Packing Slip Faxed to State	Date Client Picked Up	Amt. of Formula Issued	Amt. of Formula Leftover
10/1/13	04/1/14	2A4	10/14/13	12345678	9/30/13	9 cans	12 cans (3 cases)	10/7/13	10/7/13	10/14/13	9 cans	3 cans
			11/11/13	12345679	10/28/13	6 cans	8 cans (2 cases)	11/4/13	11/4/13	11/11/13	9 cans	2 cans
			12/9/13	12345680	11/25/13	7 cans	8 cans (2 cases)	12/2/13	12/3/13	12/10/13	9 cans	1 can
			01/13/14	45678901	12/30/13	8 cans	8 cans (2 cases)	1/6/14	1/7/14	1/14/14	9 cans	0
				45678902								
				45678903								



Special Formula Order Tracking Form

Client's Name: _____

Formula: _____

<https://dph.georgia.gov/district-resources>

Date of Last MDF	Next MDF Due Date	P/U Code	First Day to Use	Voucher Number	Date Order Faxed to State	Amt of Formula Ordered	Amt of Formula Received	Date C Received	Packing Slip Faxed to State	Picked Up	Formula Issued	Formula Leftover

FP-41: Milk/Cheese/Tofu Substitution Tables

Note: When milk substitutions are provided, the full maximum monthly fluid milk allowance must be provided.

**Children/Non-Breastfeeding and Some Breastfeeding Women:
Standard Milk Allotment – 16 quarts**

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	4	0	0
1*	3	1	4

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	4
2	3 ½
4**	3

* Maximum amount of cheese which is allowed to be substituted for milk

** Maximum amount of tofu which is allowed to be substituted for milk

**Pregnant and Mostly Breastfeeding Women:
Standard Milk Allotment – 22 quarts**

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	5 ½	0	0
1*	4	1	4

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	5 ½
2	5
4**	4 ½

* Maximum amount of cheese which is allowed to be substituted for milk

** Maximum amount of tofu which is allowed to be substituted for milk

**Exclusively Breastfeeding Women:
Standard Allotment – 24 quarts of milk and one (1) pound of cheese**

Cheese Substitution			
For this amount of cheese (lb)	Give this amount of fluid milk (gallon)	Plus this amount of powder milk OR evaporated milk "CHOOSE ONE"	
		Powder Milk (3qt)	Evaporated Milk (12 oz)
0	6	0	0
1	4	1	4
2*	4	0	0

Tofu Substitution	
For this amount of tofu (lb)	Give this amount of fluid milk (gallon)
0	6
2	5 ½
4	5
6**	4 ½

*Maximum amount of cheese which is allowed to be substituted for milk

** Maximum amount of tofu which is allowed to be substituted for milk

FP-42: Form #1 Instructions***Medical Documentation Form for WIC Special Formulas and Approved WIC Foods*****A. Form Explanation**

1. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* is designated as "Form #1," as identified by the "1" in the box in the upper right corner on both the first and second page of the form.
2. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) is used to prescribe any formula/ nutritional requiring a prescription for issuance by Georgia WIC. These formulas/ nutritionals are outlined below:
 - a) Any exempt infant formula for an infant (e.g., Enfamil EnfaCare)
 - b) An infant greater than six months on standard infant formula and not receiving infant foods due to a medical condition that prohibits the consumption of infant foods
 - c) Any nutritional prescribed for infants, children, or women (e.g., PediaSure, Hominex-1, Nutren Junior, Similac Special Care 24)
 - d) Any infant formula or exempt infant formula prescribed for children or women (e.g., Gerber Good Start Gentle or EleCare for Infants)
3. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) consists of five parts – WIC participant information at the top of the form followed by four (4) sections for documentation of diagnoses, the prescribed formula/nutritionals, the allowed WIC supplemental foods, and the provider's information. All five (5) sections **must** be completed on the form in order for the form to be accepted by the WIC clinic. If information is missing or incomplete, the CPA should attempt to contact the prescribing medical office/clinic to obtain a verbal clarification and follow the instructions in Section VIII (Medical Documentation) of the Food Package Section for documenting verbal orders and obtaining necessary verification.
4. Formula products requiring a prescription, nutritionals, and supplemental foods cannot be issued to WIC clients with qualifying medical conditions unless complete, up-to-date, written medical documentation or a verbal order is present and documented. It is unacceptable and against program policy to issue formula, nutritionals, or supplemental foods for one month until the client can provide the required documentation. Documentation must be present prior to issuance, except in the case of out of state transfers whose medical documentation cannot be obtained at the time of Transfer In; such participants may only receive one (1) month of vouchers until documentation is received. (Refer to the Certification Section.)
5. Health care providers are not required to use the *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) for the prescription of formulas and nutritionals, but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used.

However, medical documentation can also be provided on a physician's prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.

6. The completed medical documentation may be faxed to the clinic, sent electronically, delivered in person, or mailed.
7. The *Medical Documentation Form for WIC Special Formulas and Approved WIC Foods* (Form #1) is available on Georgia WIC website at: www.WIC.GA.GOV (Select "Health Care Provider Information").

B. Form Components

1. WIC Participant Information: The WIC participant's first and last name, date of birth, and (for infants/children) the parent/caregiver's name must be listed at the top of the form.
2. Section #1: Qualifying Medical Conditions
 - a) This section is where the medical diagnosis (es) is documented that justifies the need for the special formula or nutritional.
 - b) Both the name of the medical condition and the applicable ICD-9/ICD-10 code must be listed.
 - c) Resources for ICD-9/ICD-10 codes can be found at:
 - <http://www.who.int/classifications/icd/en/>
 - <http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm>
 - http://en.wikipedia.org/wiki/List_of_ICD-9_codes
 - <http://en.wikipedia.org/wiki/ICD-10>
 - <http://icd9cm.chrisendres.com/>
3. Section #2: Special Formula Requested
 - a) This section is where the brand name of the prescribed special formula or nutritional is listed. The full name of the prescribed product should be listed (e.g., "Neocate Infant DHA and ARA" or "Neocate Junior" rather than "Neocate") to avoid confusion. If the full product name is not specified, the CPA must call the prescribing health care provider for clarification and document the complete information on the form. The updated information must be signed and dated by the CPA.
 - b) The amount of the product must be listed in fluid ounces per day, unless there is no standard dilution (e.g., many metabolic formulas). If there is no standard dilution, the provider may list the amount prescribed per day in another form based on the patient's individualized mixing instructions (e.g., grams of powder per day). If the prescribed product is in concentrate or powdered form, the amount per day is listed in reconstituted fluid ounces (i.e., after preparation with water) based on standard dilution. Formula is issued based on standard reconstitution directions.

- c) The prescribing health care provider should identify the form of the product by checking the “powder,” “concentrate,” or “ready-to-feed” box. If “ready-to-feed” is selected, the CPA must determine if the participant meets WIC ready-to-feed issuance requirements and must document those reasons in the participant’s record. See page FP-14 for more details.
- d) The prescribing health care provider must indicate the intended length of time the participant will need to use the special formula/nutritional product based on the participant’s condition. This is only an estimate. However, if the planned length of use is less than 6 months (e.g., 1 or 2 months), the participant must provide the WIC clinic with an updated medical documentation form to continue on the special formula/nutritional beyond the 1 month or 2 months initially indicated. Clinics cannot issue vouchers beyond the period of time listed in the “planned length of use” in Section #2. For example, if an infant has medical documentation to receive EleCare for Infants for 2 months, the clinic may only issue 2 months worth of vouchers. New medical documentation must be presented to the clinic at the end of the 2-month time period in order for the infant to continue receiving EleCare for Infants.

4. Section #3: WIC Foods

- a) This section is where the prescribing health care provider indicates which WIC supplemental foods the participant can or cannot receive based on the participant’s medical condition.
- b) If the participant is allowed to consume all supplemental foods, the provider must check the box labeled “No Supplemental Food Restrictions”
- c) If the participant cannot eat certain foods due to the medical condition, the provider must check all applicable boxes in the section labeled “Contraindicated Supplemental Foods” to indicate which foods **cannot** be issued.
- d) The provider can list any special comments in the “Comments” box on the table. This area can be used to indicate special situations (e.g., the participant can only drink soy milk or goat milk).
- e) If the formula is to replace milk in the diet, then milk should be checked in the contraindicated supplemental food box.

5. Section #4: Health Care Provider Information

- a) This section is where the prescription date is recorded and the prescribing health care provider’s name, signature, credentials, and contact information are documented.
- b) All five boxes must be completed.
- c) The form can only be signed by the types of providers listed.
- d) The medical office/clinic contact information can be stamped.
- e) The provider’s signature cannot be a stamped signature.

- 6. Page 2: The back of the form contains information for completing the form, definitions, examples, and the non-discrimination statement.

C. Evaluation of Medical Documentation

1. The CPA must carefully evaluate the diagnosis, formula/nutritional prescribed, supplemental foods allowed, and the WIC participant's existing anthropometric data and nutrition/health history.
2. The CPA must determine whether or not the prescription can be approved for WIC use based on WIC policies and procedures. Please refer to Section VIII (Medical Documentation) of the Food Package Section for additional guidance. CPAs must take into consideration:
 - a) Which formulas and nutritionals are approved for issuance by Georgia WIC,
 - b) The maximum allowed quantities of special formulas and nutritionals based on participant category (infant, child, or woman), age, feeding method, and product form,
 - c) The intended use of the formula or nutritional,
 - d) The appropriateness of the diagnosis for the prescribed formula or nutritional,
 - e) Non-specific diagnoses that are not acceptable for WIC prescriptions and diagnoses requiring additional information (see page 2 of the form),
 - f) The participant's age and existing health data.
3. The CPA must determine whether an appropriate state-created food package exists to meet the participant's needs or whether a 999 food package must be developed using state-created voucher codes.
4. The CPA must determine when the participant is required to bring updated medical documentation back to the clinic.
 - a) If section #2 of the form indicates a time period of less than 6 months, new documentation is required at the end of that time period (e.g., 1 or 2 months after the date in section #4) or at the next certification, whichever comes first.
 - b) If section #2 of the form indicates a time period of 6 or more months, new documentation is required in 6 months from the date listed in section #4 or at the next certification, whichever comes first.
5. Districts are encouraged to designate a contact person (e.g., Nutrition Manager, Nutrition Services Director) for CPAs to call when medical documentation questions arise.
6. Additional clarifying information can always be requested from the provider, if necessary, prior to the denial of a prescription.

D. Special Situations

1. Infants (ages 6-11 months) receiving exempt infant formulas, nutritionals, or are on standard infant formula in food package III and who cannot tolerate any supplemental foods are eligible to receive formula at the higher maximum rate allowed for a 4-5 month old infant in place of the supplemental foods.
 - a) The infant must be age 6-11 months old.

- b) The infant must be receiving an exempt infant formula, a nutritional, or a standard infant formula with medical documentation on food package III. The provider must indicate under section #3 (WIC Foods) on the medical documentation form that the infant cannot consume both “infant cereal” and “baby food fruits and vegetables” by checking both boxes. If the infant cannot tolerate just one of the supplemental foods, the infant is not eligible to receive the additional formula quantity.

2. Ready-to-Feed Products

- a) Infants with medical documentation who are receiving exempt infant formulas or nutritionals, or infants receiving standard infant formula on food package III are eligible for two additional reasons to be issued the ready-to-feed form of a product:
 - If the ready-to-feed product better accommodates the participant’s medical condition
 - If the ready-to-feed product improves the participant’s compliance in consuming the prescribed product
- b) Infants with medical documentation who are receiving the following formulas are not eligible for the additional two reasons listed above to issue the ready-to-feed version of a product: Enfamil A.R. and any contract formula.
- c) The reason for issuance of a ready-to-feed product must be clearly documented in the participant’s WIC record.

3. Milk Issuance

- a) Children and women with medical documentation who are receiving any formula or nutritional and who have a qualifying medical condition (i.e., are in Food Package III) are eligible to receive whole milk. Milk must be allowed per the provider’s medical documentation (i.e., the “milk” box must not be checked as contraindicated in section #3). If milk is allowed, children/women can be issued whole milk when requested by physician on the medical documentation form.
- b) If milk is allowed, children ages 12-23 months old **cannot** be issued low-fat milk for any reason, even with medical documentation.
- c) Tofu, soy milk, goat milk, lactose-reduced milk, or extra cheese can be substituted for milk for clients who are providing other medical documentation (Food Package III) by following the procedures for milk substitutions previously outlined by participant category in the Food Package Section.

4. Children and Women Needing Infant Cereal

- a) Children and women with medical documentation who are receiving any formula or nutritional and who have a qualifying medical condition (Food Package III) can be issued infant cereal in place of adult cereal.
- b) Children and women who, for example, have developmental delays or swallowing disorders may be issued up to 32 ounces of infant cereal in place of 36 ounces of adult cereal.

- c) The CPA can make this determination or the provider can make the substitution request in the comments section on the medical documentation form in section #3 (WIC Foods).


E. Formula Quantity To Issue

1. As stated on page 2 of the medical documentation form, infant WIC participants are to be issued the full maximum quantity of formula allowed per month regardless of the quantity prescribed per day under section #2 of the form. This ensures that the infants receive the full nutritional benefit. The full maximum quantity allowed depends upon the infant's age, feeding method (Mostly Breastfed or Fully Formula Fed), the product form (powder, concentrate, or ready-to-feed), and the product package size.
2. Child and woman WIC participants are to be issued the quantity of formula or nutritional prescribed, up to the maximum quantity allowed by WIC regulations, under section #2 of the form.

F. Valid Dates


1. New medical documentation (Form #1) of a prescribed special formula or nutritional is required every six (6) months, at a minimum, and at every recertification/certification/mid-certification (if the medical documentation on file was signed and dated by the health care provider more than 30 days prior to the recertification/certification/mid-certification). For example, if the caregiver of an infant client provides medical documentation on Form #1 when the infant is age 5 months 2 days old, a new, updated copy of the medical documentation must also be provided at the time of the mid-certification if it occurs when the infant is more than 6 months 2 days old. Likewise, if the caregiver of a child participant provides medical documentation for a prescribed formula/nutritional using Form #1 at age 22 months 25 days, a new, updated copy of the medical documentation must also be provided at the next subcert, if that recertification occurs more than 30 days after the medical documentation was signed by the provider (e.g., when the child is age 24 months old).
2. Each time new medical documentation (Form #1) is submitted by a WIC participant, it must include all required information and must be signed and dated by the health care provider no more than 30 days ago. Clinics cannot accept medical documentation (Form #1) where the date under section #4 has simply had a line drawn through it and a new date added. A new form must be submitted.

FP-43: Medical Documentation Form (Form 1)



Georgia WIC Program

Medical Documentation Form for WIC Special Formulas and WIC Foods



Patient's First & Last Name: _____ **Date of Birth (MM/DD/YY):** ___/___/___
Parent/Caregiver's First & Last Name: _____

1. Qualifying Medical Condition(s)

List the SPECIFIC diagnosed or suspected medical condition(s) **and** the ICD-9 or ICD-10 code(s) justifying the formula/medical food prescription.

Qualifying diagnosed medical condition(s): _____

And applicable ICD-9 or ICD-10 code(s): _____

Note: WIC approval and provision of prescription formulas and medical foods are based on Georgia WIC Program policies and procedures.

2. Special Formula Requested

Name of formula/medical food requested: _____

Prescribed ounces per day: _____ **oz/day*** **Form:** Powder Concentrate Ready-to-feed[†]

Special instructions/comments:** _____

If Applicable: Flavor: _____ **With Fiber:** Yes No N/A

Planned length of use: _____ **months** WIC prescription renewal is required periodically (every 1-6 months).

*Prescribed amount per day is based on reconstituted fluid ounces of the formula product at standard dilution. Instructions on reverse.
 **Prematurity: With documentation, premature infants can receive infant formula past one year to account for adjusted age. Medical documentation will need to be provided at the one year WIC certification.
[†]The use of ready-to-feed products requires additional justification for WIC unless ready-to-feed is the only available product form.

3. WIC Foods

Check the box to indicate all WIC foods are allowed or indicate any contraindicated supplemental foods below.

No Supplemental Food Restrictions. (All WIC foods allowed.)

Contraindicated Supplemental Foods – Check the foods that should NOT be issued to the patient.				
Infants (6-11 mos.)	<input type="checkbox"/> Infant Cereal	<input type="checkbox"/> Baby Food Fruits and Vegetables		
Children (≥ 12 mos.) & Women	<input type="checkbox"/> Milk	<input type="checkbox"/> Beans / Peas	<input type="checkbox"/> Vegetables / Fruits	<input type="checkbox"/> Whole Grains (wheat bread, brown rice, or whole grain tortillas)
	<input type="checkbox"/> Cheese	<input type="checkbox"/> Peanut Butter	<input type="checkbox"/> Juice	
	<input type="checkbox"/> Cereal	<input type="checkbox"/> Eggs	<input type="checkbox"/> Canned Fish*	
Comments:	<small>Please describe any other prescribed restrictions or special requests in the "Comments" section below. (Developmental readiness, allergies, tube fed, NPO, etc.)</small>			

* Only for exclusively breastfeeding women, women pregnant with multiple fetuses, pregnant women breastfeeding, and women mostly breastfeeding multiple infants.

4. Health Care Provider Information (Please Complete All Boxes.)

Provider's Signature/*Title: _____

Provider's Name (Please Print): _____ **Date:** ___/___/___

Original signature required. No stamped signatures or proxy signatures (e.g., by nursing staff) will be accepted.

***Note:** The Georgia WIC Program only accepts prescriptions authorized and signed by the following providers:

- Physicians (MD, DO)
- Physician Assistants (PA, PA-C)
- Nurse Practitioners (e.g., NP, APRN, CPNP, CNP, PNP, CNPP)

Medical Office/Clinic Name: _____

Street Address: _____

City: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

Page 1 of 2

Revised August 2014

FP-299

Instructions & Resources for Use of This Form:

1

Use this form to request special formulas and/or medical foods for patients with qualifying medical conditions.

If you have questions or need additional clarification when completing this form, please contact the local WIC agency where your patient is receiving WIC benefits. A directory of Georgia WIC clinics is available at: www.WIC.GA.GOV (Select "Clinic Listing") Information about formulas and medical foods approved for issuance by the Georgia WIC Program is located under the "Health Care Provider" tab.

Local agency WIC staff will review requests for special formulas and medical foods according to federal regulations and Georgia WIC Program policies and procedures. Diagnosis of a serious medical condition (e.g., Failure To Thrive) must be consistent with the patient's anthropometric data. Additional clarification or documentation may be necessary to complete the approval process. Denial of a request does not imply that WIC Program staff question the health care provider's clinical judgment. However, federal policy limits the issuance of special formulas and medical foods to cases of serious diagnosed medical conditions.

Provision of special formulas and medical foods by the Georgia WIC Program will be for intervals of one (1) to six (6) months. At a minimum, a new medical authorization is required at each renewal or formula change.

Definitions, Examples and Exclusions:

Qualifying Medical Conditions: SPECIFIC suspected or diagnosed life-threatening disorders, diseases and medical conditions that impair the ingestion, digestion, absorption or utilization of nutrients that could adversely affect the patient's nutritional status. Examples include, but are not limited to:

- Metabolic disorders (e.g. PKU)
- Malabsorption syndromes (e.g. Short Gut Syndrome)
- Low birth weight, premature birth, and failure to thrive (FTT)
- Severe food allergies requiring use of an elemental formula (e.g. Milk Protein Allergy, Eosinophilic Esophagitis)
- Gastrointestinal disorders (e.g. Gastroesophageal Reflux Disease)
- Immune system disorders (e.g. Celiac Disease)

Non-Qualifying / Excluded Conditions:

- Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition
- Non-specific formula intolerance or food intolerance
- Patient preference, parental preference, or food dislikes

Medical Diagnoses:

- Non-specific symptoms or diagnoses are insufficient for the purposes of Georgia WIC prescriptions (e.g., colic, milk allergy, multiple food allergies, spitting up, milk/formula intolerance, feeding problems, feeding difficulties, picky eater, poor appetite, inadequate intake, constipation, cramps, digestive disturbances, fussiness and gas).
- The following diagnoses require an *underlying medical condition* be present and documented: "underweight," "feeding disorder," "inadequate/poor weight gain," and "inadequate/poor growth." The Georgia WIC Program cannot accept these diagnoses alone – a more specific, primary medical condition must be present and listed among the diagnoses (e.g., Cerebral Palsy, Failure To Thrive, Oral-Motor Feeding Disorder, Prematurity, Dysphagia, etc.).
- The Georgia WIC Program may require additional documentation for prescription approval if diagnoses are missing, incomplete, non-specific, inconsistent with existing anthropometric data, or if clarification is needed.

Prescribed Formula Quantity:

- Infants (<12 months of age) enrolled in the Georgia WIC Program will receive the full maximum quantity of formula allowed per month regardless of the amount of formula prescribed per day under Section #2 of the form. The maximum quantity of formula allowed is based on age, amount of breastmilk (*Mostly Breastfed* or *Fully Formula Fed*), product form (concentrate, ready-to-feed, powder), and product package size. (*Note: Exclusively Breastfed* infants do not receive any formula from the WIC Program.)
- Children and women enrolled in the Georgia WIC Program will receive the quantity of formula or medical food prescribed under Section #2, not to exceed the maximum quantity allowed by federal regulations and Georgia WIC Program policy.
- The amount of prescribed formula or medical food provided by WIC is subject to the maximum allowable quantities determined by federal regulations and outlined in Georgia WIC Program policies. WIC is a supplemental program. Patients are responsible for acquiring any additional prescribed quantities of formulas or medical foods that exceed what is eligible for provision by WIC.

Approximate WIC Maximum DAILY Allowances of Reconstituted Formula for Infants*

Feeding Method:	Age 0 – 1 Month	Age 1 – 3 Months	Age 0 – 3 Months	Age 4 – 5 Months	Age 6 – 11 Months
Mostly Breastfed	3.5 fluid oz/day	12.0 fluid oz/day		14.5 fluid oz/day	10.5 fluid oz/day
Fully Formula Fed			27.0 fluid oz/day	29.5 fluid oz/day	21.0 fluid oz/day

*Fluid ounces based on reconstituted liquid concentrate formula. Amounts differ for ready-to-feed and reconstituted powder formulas. Refer to the federal regulations at www.fns.usda.gov/wic

Use of Ready-To-Feed Products: Ready-to-feed products may be issued in cases where there is an unsanitary/restricted water supply, poor refrigeration, when the patient's caregiver has difficulty in correctly diluting concentrated or powdered formula, or when ready-to-feed is the only available product form. In a limited number of situations, ready-to-feed products (classified by USDA as "exempt infant formulas" or "medical foods") also may be issued to patient's with qualifying medical conditions if a ready-to-feed product (a) better accommodates the patient's medical condition or (b) improves the patient's compliance in consuming the prescribed product. The patient's local WIC clinic can provide additional guidance concerning which products qualify for issuance in the ready-to-feed form.

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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FP-44: Form #2 Instructions***Georgia WIC Referral Form*****A. Form Explanation**

1. The *Georgia WIC Referral Form* is designated as “Form #2,” as identified by the “2” in the box in the upper right corner on both the first and second page of the form.
2. The *Georgia WIC Referral Form* (Form #2) is used to provide medical referral data on a WIC participant/applicant and/or to refer a participant for breastfeeding support.
3. The *Georgia WIC Referral Form* (Form #2) consists of three parts – WIC participant information and medical office contact information at the top of the form followed by two (2) sections for documentation of referral data.
4. Health care providers are not required to use the *Georgia WIC Referral Form* (Form #2) for the provision of medical referral data but its use is strongly encouraged to reduce the likelihood of missing information when other forms are used. However, referral data can also be provided on a physician’s prescription pad, private medical office letterhead, or District/County letterhead, as long as all of the required information is present.
5. The completed referral form (Form #2) may be faxed to the clinic, sent electronically, delivered in person, or mailed.
6. The *Georgia WIC Referral Form* (Form #2) is available on the Georgia WIC website at: www.WIC.GA.GOV (select “Health Care Provider Information”).

B. Form Components

1. WIC Participant Information & Medical Office Contact Information: The WIC participant’s first and last name, date of birth, and (for infants/children) the parent/caregiver’s name must be listed at the top of the form along with the medical office/clinic contact information. This information must be completed on all referral forms.
2. Referral Data
 - a) This section is where the medical referral data and/or breastfeeding referral data are reported. Only applicable spaces should be completed based upon the WIC participant category (e.g., Infant/Children, or Women).
 - b) The health professional who collected the data should sign the “Referral Data Provided By:” line and enter the date the form was completed.
3. Page 2: The back of the form contains information for completing the form, WIC policies, examples, and the non-discrimination statement.

FP-45: Georgia WIC Referral Form (Form #2)



2

Georgia WIC Referral Form

Referrals for Breastfeeding Support and WIC Services

Patient's First & Last Name: _____ Date of Birth (MM/DD/YY): _____

(For Infants/Children) Parent/Caregiver's First & Last Name: _____

Clinic/Hospital/Medical Office Name: _____ Street Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Fax Number: _____	To locate your County Health Department, please visit www.WIC.GA.GOV (select "Clinic Listing") OR call 1-800-228-9173
---	---

Infants/Children Referral Data: (Complete Applicable Information)

Length/Ht: _____ in. Wt: _____ lbs. _____ oz. Date: _____ (Valid within 60 days of measurement) Hgb/Hct: _____ Date: _____ (Valid within 90 days of measurement)

Birth weight: _____ lbs. _____ oz. Birth Length: _____ in. If premature, weeks gestation at birth: _____

Breastfeeding?: Yes No

Referral data provided by: (signature) _____ Date: _____

Women Referral Data: (Complete Applicable Information)

Length/Ht: _____ in. Wt: _____ lbs. _____ oz. Date: _____ (Valid within 60 days of measurement) Hgb/Hct: _____ Date: _____ (Valid within 90 days of measurement)

EDC: _____ Last Wt Prior to Pregnancy: _____ lbs. Multiple Gestation?: Yes No

Delivery Date: _____ Last Wt Prior to Delivery: _____ lbs. Breastfeeding?: Yes No

If Currently Breastfeeding: Exclusively Partially Unknown Breastfeeding follow-up needed: Yes No

Mother/baby separation Latch-on issues Milk supply concerns Other _____

Additional Comments/Details _____

Referral data provided by: (signature) _____ Date: _____

Instructions & Resources for Use of This Form:

- This form is intended for use as...
- A medical data referral form for infants, children and women for the Georgia WIC Program
 - A breastfeeding support referral form for the Georgia WIC Program
 - A proof of identification for hospitalized newborn infants

To prescribe a special formula or medical food for an infant, child, or woman please refer to Georgia WIC Form #1 (Medical Documentation Form for WIC Special Formulas and WIC Foods). This form can be found at www.WIC.GA.GOV (select "Health Care Provider Information").

We appreciate your cooperation and partnership in serving the Georgia WIC population.

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Revised August 2014

FP-46: Georgia WIC-Approved Food List, Criteria to Evaluate an Eligible Food Item

I. Administrative Adjustments

- A. A food company interested in participating in Georgia WIC should submit product statewide availability, package size, unit cost per ounce and nutrient composition information to the Nutrition Unit*

*Address: Nutrition Unit, 2 Peachtree Street NW, Suite 10-476, Atlanta, GA 30303-3142

- B. A review of potentially new food items shall be conducted biennially. Consequently, the WIC-Approved Food List shall be printed biennially. Biennial review of the WIC Food List does not necessarily constitute a change in the food list. Changes to the WIC-Approved Food List shall occur more frequently to accommodate Federal mandates and as deemed necessary by the state.
- C. A product must be commercially available as a brand name, or a store brand, for a minimum of twelve (12) consecutive months prior to submission. Exceptions will be made if the state determines the new item significantly improves participant choices.
- D. The food item cost cannot exceed 10 percent (10%) of the State average cost per ounce for that food group. Food groups include:

- | | |
|------------------|--|
| 1. Milk | 8. Infant Meats |
| 2. Eggs | 9. Cheese |
| 3. Cereal | 10. Juice |
| 4. Infant Cereal | 11. Dried or canned Beans/Peas and Peanut Butter |
| 5. Fish | 12. Fruits and Vegetables |
| 6. Soy beverage | 13. Infant Fruits and Vegetables |
| 7. Tofu | 14. Whole Grains (bread, rice, tortillas) |

- E. The food item must be acceptable to participants

II. Nutrition Quality

- A. Cereal - Adult
 - Contains a minimum of 28 mg of iron per 100 gm of dry cereal
 - Contains not more than 21.1 grams of sucrose and other sugars per 100 grams of dry cereal (less than 6 grams of sucrose and other sugars per ounce).
 - At least one-half of the total number of approved cereals must have whole grain as the primary ingredient and meet labeling requirements for making a health claim as a “whole grain food with moderate fat content.”
 - Contains no artificial or non-nutritive sweeteners
- B. Cereal - Infant
 - Contains a minimum of 45 mg of iron per 100 gm of dry cereal
 - Contains no added sugar, fruit, or formula

- C. Cow's Milk and Goat's Milk
 - Low fat, reduced fat, fat free must contain at least 400 IU Vitamin D per quart
 - Low fat, reduced fat, fat free must contain at least 2,000 IU Vitamin A per quart
 - Contains no added sugar or flavorings
 - No Buttermilk

- D. Cheese
 - Domestic Block Cheese (pasteurized, processed American, Monterey Jack, Colby, Natural Cheddar, Mozzarella, Swiss, Combination)
 - Sliced Cheese (American, Cheddar, Swiss)
 - String Cheese (Mozzarella String Cheese)
 - Can be full fat, low fat, or fat free

- E. Peanut Butter and Canned/ Dried Beans and Peas
 - Including, but not limited to: black, navy, kidney, garbanzo, soy, pinto, great northern, red, white, lima, broad, fava, cranberry, roman, refried, and mung beans; crowder, cow, split, black eyed and pigeon peas, chickpeas, and lentils
 - No flavored beans/peas allowed
 - No peanut butter with jelly, honey, marshmallow, chocolate, added vitamins, minerals, or extra nutrients

- F. Juice
 - Ready to drink, frozen concentrate, or shelf stable concentrate
 - 100% fruit juice
 - 30 mg vitamin C per 100 ml of reconstituted juice, minimum.
 - Contains no added sugar
 - Calcium fortified juice allowed with counseling and CPA approval. See Attachment FP- 47 for distribution guidelines
 - No infant juices allowed

- G. Eggs
 - Whole, large, grade A

- H. Fish
 - Tuna or Salmon
 - 100% tuna, water packed only. No albacore

- I. Fruit and vegetables
 - Fresh, frozen or canned (including organic)
 - Any variety of fresh whole or cut fruit without added sugar or artificial sweeteners
 - Any variety of fresh whole or cut vegetable without added sugars, seasonings, fats, or oils
 - Any variety of canned fruits, including applesauce; juice-pack or water-pack without added sugars, fats, oils, or salt
 - Any variety of frozen fruits without added sugar, fats, oils, or salt
 - Any variety of canned or frozen vegetable without added seasonings, fats, oils (may be regular or low sodium)
 - Tomato sauce, tomato paste, and salsa without added sugar, fat, or oil.

- J. Fruits and vegetables- Infant
 - Any single ingredient without added sugar, starches, or salt
 - Combinations of single ingredients, as approved
 - Fruit or vegetable must be listed as first ingredient
 - Fresh bananas may include any variety of yellow bananas, including organic
 - Fresh bananas may not be red bananas or plantains

- K. Whole Grains
 - 100% whole wheat bread or hamburger buns, brown rice, whole wheat or corn tortillas

- L. Soy milk
 - 276 mg calcium per cup
 - 8 grams protein per cup
 - 500 IU vitamin A per cup
 - 100 IU vitamin D per cup
 - 24 mg magnesium per cup
 - 222 mg phosphorous per cup
 - 349 mg potassium per cup
 - 0.44 mg riboflavin per cup
 - 1.1 mcg vitamin B12 per cup

- M. Tofu
 - Calcium-set
 - No added fats, sugars, oils, or sodium

- N. Meat- Infant
 - Any variety of single ingredient meat or poultry with added broth or gravy

III. Packaging

- A. Food must be pre-packaged, no bins except for fresh fruits and vegetables.

- B. Cereal (adult and infant)
 1. No single serving containers.
 2. Adult cereal boxes or bags must be a minimum of 11 ounces, not to exceed 36 ounces. Combinations of box sizes allowed.
 3. Infant cereal only in eight (8) ounce packages.

- C. Cheese
 1. Brick, sliced, string cheese only. No shredded cheese.
 2. Cheese from the dairy case only. No deli cheese.
 3. Plain cheese only, no additions of products such as jalapeno peppers.
 4. 16 ounce package only.

- D. Juice
 1. Containers must be easily and clearly identified as fortified with 30 mg of vitamin C per 100 ml of juice, except orange juice and grapefruit juice.
 2. Forty-eight (48) ounce containers, 64 ounce containers, 12 ounce frozen cans, 12 ounce cans concentrate, or 11.5 oz pourable cans.

- E. Eggs
One dozen size carton only

- F. Milk- (Cow)
 1. Half gallon and one gallon size: Whole, Reduced Fat (2%), Low-fat (1%), Lite (0.5%), Skim (Non-Fat)
 2. Three quart boxes for Powder milk.
 3. 8 ounce or half-pint box for ultra high temperature (UHT) milk.
 4. 96 ounce container only for reduced lactose milk.

Milk - (Meyenberg Goat Milk)
Twelve ounce cans evaporated or quart

- G. Tuna
5 oz, 6 oz, 7.5 oz only

- H. Salmon
5 oz, 6 oz, 7.5 oz or 14.75 oz only

- I. Peanut Butter
16 to 18 ounce container only

- J. Dried Beans/Peas
One pound bag or 15 to 16 ounce can

IV. Formula

- A. Complete Formula
 1. Iron fortified infant formula that contains at least 10 mg iron per liter of formula at standard dilution.
 2. 67 kcal per milliliter (approximately 20 kcal per fluid ounce at standard dilution).
- B. Formula Not Meeting the Requirements for a Complete Formula
 1. Formula intended for use as an oral feeding and prescribed by a physician when the participant has a medical condition that precludes the use of conventional formula or food.
 2. Allow supplements to be used in conjunction with an appropriate prorated food package. Substitute a specified amount of supplement per quart or can of milk or formula.

FP-47: WIC Approved Foods List April 2015



WIC approved Foods List Effective April 2015
 Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed	
FRUITS and VEGETABLES	Any variety of fresh whole or cut fruit without added sugars Any variety of fresh whole or cut vegetable without added sugars, fats, and oils Applesauce – unsweetened only or “no added sugar” Any variety of canned fruits, including applesauce; juice-pack or water pack without added sugars, artificial sweeteners, fats, oils, or salt Any variety of canned vegetable without added fats, or oils (low sodium allowed) Any variety of frozen fruits without added sugar Any variety of frozen vegetable (including plain frozen beans / peas / legumes) without added sugars, meats, fats, or oils Organic allowed for fresh, frozen, and canned fruits and vegetables Tomato paste, tomato sauce, and salsa without added sugar, fat, or oil (may contain seasonings)		<ul style="list-style-type: none"> Any variety of fresh, canned or frozen vegetable with added seasonings, fats, oils Herbs or spices Edible blossoms/flowers Fruit leathers Fruit roll-ups Catsup or other condiments Pickled vegetables and olives Soups Creamed or sauced vegetables Breaded vegetables Peanuts Canned or dried legumes (mature beans or peas) Juice Vegetable-grain mixtures (e.g., with rice, noodles, or pasta) Purchases from salad bars Fruit baskets or party trays Any dried fruit or vegetable Regular applesauce Fruits packed in syrup Fruits with artificial sweeteners 	
PEANUT BUTTER	Any brand Creamy, Crunchy, Extra Crunchy, Natural, or Low-salt	16 to 18 oz Jar	<ul style="list-style-type: none"> Organic Reduced fat or peanut butter spreads Added marshmallow, chocolate, honey, or jelly Added vitamins/minerals Added omega 3 Any other size or quantity 	
BEANS / PEAS / LENTILS	Dried	Any variety of plain, mature dry beans, peas or lentils	1 lb packages	<ul style="list-style-type: none"> Flavored beans or peas Any other size or quantity
	Canned	Any variety of plain, mature beans, peas, or lentils, including refried beans, low sodium allowed	15 to 16 oz can	<ul style="list-style-type: none"> Organic Any with added sugar, fat, oil, or meat Soups Baked beans Immature varieties of legumes such as green peas, or snap beans/green beans



WIC approved Foods List Effective April 2015
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
MILK Least Expensive Brand of type selected/ allowed <i>(size and type as listed on voucher)</i>	Fat free/Skim, Low-fat (1%), Reduced Fat (2%), Whole milk		One gallon Half gallon	<ul style="list-style-type: none"> Organic Flavored milk Buttermilk Rice milk Almond milk Raw milk (non-pasteurized) No dried whole milk (Nido) No filled evaporated
	Lactose free milk, Acidophilus, Acidophilus and Bifidum		One gallon Half gallon 96 oz (3 quart)	
	Fat free/skim, low fat (1%), Reduced Fat (2%), Whole milk		8 oz or half-pint box	
	UHT- Ultra High Temperature Milk		Makes 3 quarts	
	Nonfat dry milk		12 oz cans	
GOAT MILK <i>(size and type as listed on voucher)</i>	Meyenberg	Low fat Whole	1 quart	<ul style="list-style-type: none"> Any other brand Any other size or quantity
	Meyenberg Evaporated	Whole	12 ounces	
SOY MILK	8 th Continent	Original Vanilla	Half gallon	<ul style="list-style-type: none"> Light Other Flavors
	Silk	Original		
	Great Value	Original		
CHEESE Least Expensive Brand of type selected/ allowed	Slices (Wrapped or unwrapped)	American Swiss Cheddar	16 oz package (regular, low-fat, reduced-fat, fat-free allowed)	<ul style="list-style-type: none"> Organic Cheese products/spreads Flavored cheese Cheese food Shredded/cubed/shaped/strips Crumbles Delicatessen (deli) cheese Cheese with added ingredients Imported/waxed Any other size or quantity
	Block	American Cheddar Colby Monterey Jack Mozzarella Swiss (combination allowed i.e. Colby/Jack)		
	String	Mozzarella		
TOFU Calcium set	Nasoya	Silken Extra Firm Firm	14 to 16 oz package	<ul style="list-style-type: none"> Non-calcium set Any other size, type, or quantity
EGGS	Least Expensive Brand		1 dozen carton Grade A Large	<ul style="list-style-type: none"> Organic Low cholesterol Added Omega 3, DHA, or ARA No brown eggs
FISH Least Expensive of type selected	Tuna – water packed		5 oz can 6 oz can 7.5 oz can	<ul style="list-style-type: none"> Organic Packed in oil No albacore Added flavorings Pouches Individual serving containers Fresh or frozen Any other size or quantity
	Pink Salmon		5 oz can 6 oz can 7.5 oz can 14.75 oz can	



WIC approved Foods List Effective April 2015
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed
100% ORANGE AND GRAPEFRUIT JUICE Least Expensive Brand of type selected/allowed	(Calcium fortified allowed)	Orange	64 oz Ready to Serve (refrigerated)
		Orange	48 oz Ready to Serve Containers
		Grapefruit	64 oz Ready to Serve Containers
			12 oz frozen concentrate
100% JUICE BLENDS	Juicy Juice All Flavors	48 oz Ready to Serve Containers 64 oz Ready to Serve Containers	
100% APPLE JUICE	Apple and Eve, Juicy Juice, Lucky Leaf, Seneca	48 oz Ready to Serve Containers	<ul style="list-style-type: none"> • Organic • Juice drink • Infant juice • Juice with sugar added • Sports drink • Refrigerated juice other than orange • V-8 Splash • Vegetable juice • Pineapple juice
	Always Save, Apple and Eve, Apple and Eve Sesame Street, Best Choice, Food Lion, Great Value, Hytop, IGA, Juicy Juice, Kroger, Lucky Leaf, Mott's, Seneca, Publix	64 oz Ready to Serve Containers	
	Welch's	11.5 oz Non-frozen pourable concentrate	
	Always Save, Best Choice, Great Value, Hytop, Kroger, My Essentials, Old Orchard, Seneca	12 oz frozen concentrate	
100% GRAPE JUICE	Juicy Juice	48 oz Ready to Serve Containers	
	Always Save, Best Choice, Food Lion, Great Value, Hytop, IGA, Juicy Juice, Kroger, Publix	64 oz Ready to Serve Containers	
	Welch's	11.5 oz Non-frozen pourable concentrate	
	Great Value, Kroger, Old Orchard, Welch's	11.5 to 12 oz frozen concentrate	
100% WHITE GRAPE JUICE	Apple and Eve Sesame Street, Best Choice, Food Lion, Great Value, Hytop, IGA, Juicy Juice, Kroger, Publix	64 oz Ready to Serve Containers	
	Old Orchard, Welch's	11.5 to 12 oz frozen concentrate	
100% TOMATO JUICE	Best Choice, Campbell, Campbell Low Sodium, Food Lion, Great Value, Hytop	64 oz Ready to Serve Containers	



WIC approved Foods List Effective April 2015
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
COLD CEREAL *Whole Grain	General Mills	<ul style="list-style-type: none"> Cheerios* Multi-Grain Cheerios* Kix* Berry Berry Kix* Honey Kix* Corn Chex Rice Chex Go Diego Go! TM Dora the Explorer TM 	11 to 36 oz	<ul style="list-style-type: none"> Other package sizes Other flavors Any other type, brand, or variety
	Kellogg's	<ul style="list-style-type: none"> Frosted Mini-Wheats Original* Rice Krispies Gluten Free Rice Krispies* Special K Original Crispix Corn flakes All-Bran Complete Wheat Flakes* 		
	Post	<ul style="list-style-type: none"> Grape Nuts Flakes* Honey Bunches of Oats with Almonds Honey Bunches of Oats Honey Roasted Honey Bunches of Oats with Vanilla Bunches* Alpha Bits* Great Grains Banana Nut Crunch* 		
	Malt-O-Meal	<ul style="list-style-type: none"> Frosted Mini Spooners* Oat Blenders with Honey and Almonds Blueberry Mini Spooners* Strawberry Cream Mini Spooners* Crispy Rice 		
HOT CEREAL *Whole Grain	B & G	<ul style="list-style-type: none"> Cream of Wheat Instant - Original flavor Whole Grain Cream of Wheat* 		
	Quaker	<ul style="list-style-type: none"> Instant Oatmeal Original* Instant Grits Original 		
WHOLE GRAIN TORTILLA	Whole wheat	<ul style="list-style-type: none"> Guerrero Kroger MiCasa Mission Ortega 	16 oz package	<ul style="list-style-type: none"> All other types Any other size or quantity
	Corn	<ul style="list-style-type: none"> Chi Chi's Guerrero Herdez La Banderita Mission 		



WIC approved Foods List Effective April 2015
Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type		Container / Package size	Not allowed
WHOLE WHEAT BREAD	Healthy Life 100% Whole Wheat Whole Grain Bread 100% Whole Grain Wheat Flaxseed Bread		16 oz package Loaf Bread	<ul style="list-style-type: none"> Hot dog rolls/buns Any other size or quantity
	Nature's Own 100% Whole Wheat with Honey			
	Roman Meal Sun Grain 100% Whole Wheat			
	100% Whole Wheat	Best Choice Bimbo Food Lion Kroger Wonder Sara Lee		
	Healthy Life Soft Style	100% Whole Wheat Sandwich Buns	16 oz package	
BROWN RICE	Any brand		16 oz	<ul style="list-style-type: none"> White rice Flavored rice Any other size or quantity
INFANT FORMULA	The WIC voucher lists the brand, size, and form (powder, concentrate, or ready to use) that you must buy		As listed on voucher	<ul style="list-style-type: none"> Organic Formula not listed on the voucher
INFANT MEATS	Gerber 2 nd Foods, Beech Nut Classics Stage 1	Meat with broth Meat with gravy	2.5 oz containers	<ul style="list-style-type: none"> Organic Meat and vegetable mixtures Meat and pasta mixtures Any other size or quantity
INFANT CEREAL	Beech Nut	Rice Oatmeal Multigrain	Dry cereal in 8 oz containers	<ul style="list-style-type: none"> Organic Baby cereal in jars Cereal with fruit added Cereal with formula added DHA ARA Any other size or quantity
	Gerber	Rice Oatmeal Multigrain Whole Wheat		
	Kroger Comforts	Rice Oatmeal		
	Parent's Choice	Oatmeal		



WIC approved Foods List Effective April 2015
 Only the following list of foods may be purchased with WIC vouchers

Food Item	Brand or Type	Container / Package size	Not allowed	
INFANT FRUIT & VEGETABLES	Gerber 2 nd Foods	ANY Single Ingredient Apple Blueberry Apple Strawberry Banana ANY Single Ingredient Apple Cherry Apple Blueberry Apple Strawberry Banana Pear Pineapple Prunes with Apples Apricot with Mixed Fruits Banana with Mixed Berries Bananas with Apples & Pears Banana Orange Medley Banana Plum Grapes Apple Peach Squash Banana Carrot Mango Pear Zucchini Corn Sweet Potatoes & Corn Mixed Vegetable Garden Vegetable	4 oz jars 2 x 3.5 oz twin packs Or 2 x 4 oz twin packs (available in 2015)	<ul style="list-style-type: none"> Organic Sweet potato casserole No diced Any other size or quantity No desserts No pouches Any other combinations No red bananas or plantains with banana option on infant food voucher
	Beech Nut Classics Stage 2 Foods	ANY Single Ingredient Apricot Pear & Apple Pear & Raspberry Apple & Cherry Chiquita Banana & Strawberry Pear & Pineapple Banana & Mixed Berry Apple & Blueberry Apple & Banana Apple, Mango & Kiwi Apple, Pear & Banana Corn and Sweet Potato Garden Vegetables Mixed Vegetables	4 oz jars	

Revised January 2015

- Added Meyenberg whole goat milk in liquid, evaporated forms
- Added Great Value soy milk
- Removed Super Firm (cubed) tofu
- Added Firm block of tofu
- Removed all pineapple and vegetable juices
- Changed *least expensive brand* juices to orange and grapefruit only
- Listed all other approved juices by flavor (grape, white grape, apple, tomato, blends)
- Updated approved brands of juices
- Added four new types of whole grain breads
- Removed Sara Lee Soft and Smooth 100% Whole Wheat Bread, all Pepperidge Farm breads/buns, Merita 100% Whole Wheat Bread, Cobblestone Mill 100% Whole Wheat Bread
- Added one new whole wheat tortilla and two new corn tortilla brands
- Removed Chi Chi's and La Banderita whole wheat tortillas
- Added 12 new cereals
- Removed Frosted Mini Wheats- Touch of Fruit, Frosted Mini Wheats- Little Bites, Grape Nuts, Life, Oatmeal Squares Brown Sugar, Oatmeal Squares Cinnamon, Oat Blenders with Honey, Wheat Chex
- Added 7.5 oz can of fish
- Changed 14.75 oz can of fish approval for salmon only
- Added Parent's Choice and Kroger brands for infant cereals
- Added five infant fruit and vegetable combination flavors
- Added new Gerber baby food size (8 oz twin pack)
- Added tomato sauce, salsa, and tomato paste to produce voucher



WIC approved Foods List Effective April 2015
Only the following list of foods may be purchased with WIC vouchers



Revised April 2015

1. Removed white potato restrictions
2. Removed Special K Multi-Grain, Scooby Doo, Dulce De Leche Cheerios
3. Specified Cream of Wheat Instant to allow Original flavor only
4. Added IGA and Hytop apple juice, grape juice, and white grape juice in 64 oz containers
5. Added Hytop tomoato juice in 64 oz container

Formula Type: _____

FP-48: Formula Tracking Log

Returned / Exchanged Formula

<u>Date:</u>	Action Taken Received "R" Issued "I" Destroyed "D"	*Number of Cans			Client's Name AND / OR Client's WIC ID #	Reason for Receiving, Issuing or Discarding Formula	Signature & Title of CPA
		Powder	Concentrate	RTF			
	Balance Forward						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	R I D						
	Inventory Total				Notes:		

*Cases must be converted to cans

**Inventory verification must be completed at least quarterly.

FP-49: Calcium-fortified Juices – Guidelines, Procedures & Recommendations

Calcium-fortified juice that meets the minimum Federal requirements for a WIC eligible juice (100 percent fruit/vegetable juice that contains 30 milligrams of vitamin C per 100 milliliters of juice) is WIC eligible. It may be used for the fruit/vegetable juice component of the WIC food packages up to the maximum quantities for juice. WIC State agencies have the option of approving calcium-fortified juice for inclusion on their lists of approved WIC juices, as they do with other WIC eligible foods. State agencies are encouraged to develop policies and procedures for local agencies to follow when issuing calcium-fortified juice.

Juice, including calcium-fortified juice, cannot be prescribed as a substitute for the dairy products in WIC Food Packages. Calcium-fortified juice also should not be offered routinely to all WIC women and children participants. It should be prescribed only to address specific nutritional need of individuals, whose dietary intake of calcium-rich food products is low due to reasons such as cultural food preferences, dislike of milk, or lactose intolerance.

Calcium fortified juice should **not** be highlighted as a juice on the approved food list. If the CPA determines a possible benefit to include calcium-fortified juice in the food package, that client can be instructed to purchase calcium-fortified juices. The vendor manual and training will indicate calcium-fortified juices that meet federal regulation above may be included in any food package (types, least expensive where appropriate, and container sizes all apply). Calcium-fortified juices are currently available in limited flavors and package sizes.

Counseling Recommendations:

1. If clients have never tried calcium-fortified juices, recommend they try just one container of calcium-fortified juice to see if they like the taste. Some have found this to be bitter compared to the 'regular' juices.
2. Provide counseling on other sources of calcium as part of the nutrition education session along with handouts.

The calcium-fortified juices can be purchased with any of the existing child and adult packages, but this is to be recommended secondary to the client assessment. We are not promoting this as a dairy alternative, but merely making it available as an option as deemed appropriate.

FP-50: List of Single Item Voucher Codes

W5 = Prenatal/Mostly Breastfeeding Women
 W6 = Non-Breastfeeding Postpartum/Some Breastfeeding Woman
 W7 = Exclusively Breastfeeding Women/Prenatal with Multiples/
 Mostly Breastfeeding Multiples
 C1 = Child 12-23 months old
 C2 = Child greater than 23 months old
 I = Infant

Supplemental Foods			
Voucher code	Voucher message		Allowed Category
775	Eggs:	2 dozen Least expensive brand	W7
703	Eggs:	1 dozen Least expensive brand	W5, W6, W7, C1, C2
778	Juice	1-48 oz container or 1-12 oz can frozen or 11.5 oz can pourable	W5, W6, W7
273	Juice:	2 containers (46 to 48 oz) or 2-12 oz cans frozen or 2-11.5 oz cans pourable	W5, W6, W7
A02	Juice:	3 containers (46 to 48 oz) or 3-12 oz cans frozen or 3-11.5 oz cans pourable	W5, W7
A03	Juice:	2-64 oz containers	C1, C2
A04	Juice:	1-64 oz container	C1,C2
779	Cereal:	24 oz (can choose a combination of allowed box sizes)	W5, W6, W7, C1, C2
780	Cereal:	36 oz (can choose a combination of allowed box sizes)	W5, W6, W7, C1, C2
A05	Cereal:	18 oz	W5, W6, W7, C1, C2
782	Beans:	1 lb dried or 4 cans (15 to 16 oz)	W5, W6, W7, C1, C2
A07	Peanut Butter:	1 container (16-18 oz)	W5, W6, W7, C2
781	Beans or peanut butter	1 lb dried or 4 cans (15 to 16 oz) beans or 1 container (16 to 18 oz) peanut butter	W6, C2
A08	Whole Grains:	Pick 2: 16 oz bread; 16 oz brown rice; 16 oz tortilla; or 14 to 16 oz bun	C1, C2
A09	Whole Grains:	Pick 1: 16 oz (bread, or brown rice or whole grain tortilla) or 14 to 16 oz bun	W5, W6, C1, C2
783	Fish:	29 to 30 ounces (canned tuna OR canned salmon)	W7
A10	Fish:	14 to 15 ounces (canned tuna OR canned salmon)	W7
772	Milk:	1 gallon low-fat (fat-free, 1%) No whole or 2% milk Least expensive brand	W5, W6, W7, C2
771	Milk:	2 gallons low-fat (fat-free, 1%) No whole or 2% milk Least expensive brand	W5, W6, W7, C2
774	Cheese:	1-16 oz package	W5, W6, W7, C1, C2

786	Milk:	1 gallon OR 2 half gallons low-fat (fat-free, 1%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole or 2% milk Least expensive brand	W5, W6, W7, C2
785	Milk:	1 half gallon low-fat (fat-free, 1%) Lactose free, Acidophilus, or Acidophilus and Bifidum. No whole or 2% milk Least expensive brand	W5, W6, W7, C2
A11	Tofu:	4 containers of tofu (14 to 16 oz)	W5, W6, W7, C1, C2
A12	Tofu:	1 container of tofu (14 to 16 oz)	W5, W6, W7, C1, C2
205	Infant Cereal:	1-8 oz container	I, C1, C2
A13	Infant Cereal:	3-8 oz containers	I, C1, C2
A06	Milk:	1 gallon OR 2 half gallons whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand	C1, C2, W5, W6, W7
A29	Milk:	1-3 quart (96 oz) container low-fat (fat-free, 1%) Lactose free, OR Acidophilus, OR Acidophilus and Bifidum No whole or 2% milk. Least expensive brand	C1, C2, W5, W6, W7
A31	Milk:	1-3 quart (96 oz) container whole lactose free, OR Acidophilus, OR Acidophilus and Bifidum No low-fat milk. Least expensive brand	C1, C2, W5, W6, W7
A14	Dry Milk	1-3 quart container box non-fat dry powder Least expensive brand	W5, W6, W7, C2
A15	Dry Milk	2-3 quart containers non-fat dry powder Least expensive brand	W5, W6, W7, C2
A16	Dry Milk	3-3 quart containers non-fat dry powder Least expensive brand	W5, W6, W7, C2
A17	Milk	4-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand	W5, W6, W7, C2
A18	Milk	1-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand	W5, W6, W7, C2
A19	Milk	4-12 ounce cans evaporated (whole) Least expensive brand	W5, W6, W7, C1, C2
A20	Milk	1-12 ounce cans evaporated (whole) Least expensive brand	W5, W6, W7, C1, C2
773	Cheese	2-16 oz packages	W5, W6, W7, C1, C2
776	Juice	4-48 oz containers or 4-12 oz cans frozen or 4-11.5 oz cans pourable	W7 (EBF twins only)
A01	Milk	1 gallon Whole milk Only Least expensive brand	W5, W6, W7, C1, C2

A21	Milk	2 gallons Whole milk Only Least expensive brand	W5, W6, W7, C1, C2
A34	Milk	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand	W5, W6, W7, C2
A22	Goat Milk	4 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A23	Goat Milk	8 quarts low-fat goat milk No whole milk	W5, W6, W7, C2
A24	Goat Milk	1 quart low-fat goat milk No whole milk	W5, W6, W7, C2
A25	Goat Milk	4 quarts whole goat milk or 5-12 oz cans evaporated goat milk No low-fat milk	W5, W6, W7, C1, C2
A26	Goat Milk	1 quart whole goat milk or 1-12 oz can evaporated goat milk No low-fat milk	W5, W6, W7, C1, C2
A80	Milk Milk Eggs Fish	1 gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand 1 half gallon low-fat (fat-free, 1%) No whole or 2% milk. Least expensive brand 1 dozen 29 to 30 oz (canned tuna OR canned salmon)	W6, W7
A30 Prenatal W01 to W41 Conversion to an Exclusively Breastfeeding Package	Milk: Cheese: Eggs: Fish:	1 half gallon low-fat (fat-free, 1%) No whole or 2% milk Least expensive brand 1-16 oz package 1 dozen 29 to 30 oz (canned tuna OR canned salmon)	W7
A37	Infant Cereal:	4-8 oz container	C1, C2
A33	Soy milk:	2 half gallons soy milk	W5, W6, W7, C1, C2
A38	Milk:	8-12 ounce cans low-fat (fat-free, skimmed) evaporated Least expensive brand	W5, W6, W7, C2
A39	Milk	8-12 ounce cans evaporated (whole) Least expensive brand	C1, C2, W5, W6, W7
A41	Soy milk	1 half gallons soy milk	W5, W6, W7, C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
A43	Special Formula	1-8.25 oz container ready to feed Boost Kid Essentials	C1, C2
A44	Special Formula	4-8.25 oz containers ready to feed Boost Kid Essentials (one 4-pack)	C1, C2
A45	Special Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5	C1, C2
A46	Special Formula	1-8 oz container ready to feed Boost Kid Essentials 1.5 With Fiber	C1, C2
A60	Special Formula	1-250 ml container ready to feed Compleat Pediatric	C1, C2
A69	Special Formula	6-1 qt (32 oz) containers ready to feed Similac Expert Care Alimentum	I, C1, C2
A70	Special Formula	6-8 oz containers ready to feed Carnation Breakfast Essentials (one 6-pack)	C1, C2, W5, W6, W7
A71	Special Formula	30-8 oz ready to feed Carnation Breakfast Essentials (five 6-packs)	C1, C2, W5, W6, W7
518	Special Formula	1-1 qt (32 oz) container ready to feed Similac Similac Expert Care NeoSure	I, C1, C2
544	Special Formula	1-32 oz container ready to feed Enfamil EnfaCare	I, C1, C2
707	Special Formula	1-400 gram (14.1oz) can powder Nutramigen AA OR PurAmino	I, C1, C2
358	Special Formula	1-1 lb can powder Similac Expert Care Alimentum	I, C1, C2
359	Special Formula	1-1 qt (32 oz) container ready to feed Similac Expert Care Alimentum	I, C1, C2
553	Special Formula	1-8 oz container ready to feed Boost	W5, W6, W7
300	Special Formula	1-14.1 oz can powder EleCare Jr	C1, C2
307	Formula	1-12.9 oz can powder Enfamil AR	I, C1, C2
308	Formula	1-1 quart container OR 1-32 oz (4- pack) ready to feed Enfamil AR	I, C1, C2
590	Special Formula	6-2 oz containers ready to feed Enfamil EnfaCare	I, C1, C2
591	Special Formula	1-12.8 oz can powder Enfamil EnfaCare	I, C1, C2
305	Special Formula	6-2 oz containers ready to feed iron fortified Enfamil Premature 20 (1-6 pack)	I, C1, C2
306	Special Formula	6-2 oz containers ready to feed iron fortified Enfamil Premature 24 (1-6 pack)	I, C1, C2
301	Special Formula	1-8 oz container ready to feed Ensure Original Nutrition Shake	W5, W6, W7
310	Special	1-237 ml container EO28 Splash	C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
	Formula		
474	Special Formula	1-400 gram (14.1 oz) can powder Neocate Junior	C1, C2
476	Formula	1-12.9 oz can powder Gerber Good Start Soy	I, C1, C2
477	Formula	1-13 oz or 1-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
A62	Special Formula	1-8 oz can ready to feed Nepro	C1, C2, W5, W6, W7
157	Special Formula	1-12.6 oz can powder Nutramigen with Enflora LGG	I, C1, C2
159	Special Formula	1-13 oz can concentrate Nutramigen	I, C1, C2
A67	Special Formula	1-32 oz container ready to feed Nutramigen	I, C1, C2
A68	Special Formula	6-32 oz containers ready to feed Nutramigen	I, C1, C2
A78	Special Formula	1-12.6 oz container powder Nutramigen Toddler	I (at least 9 months), C1, C2
A79	Special Formula	6-12.6 oz container powder Nutramigen Toddler (1 case)	I (at least 9 months), C1, C2
A63	Special Formula	1-250 ml container ready to feed Nutren 1.5	W5, W6, W7
563	Special Formula	1-250 ml container ready to feed Nutren 2.0	W5, W6, W7
557	Special Formula	1-250 ml container ready to feed Nutren Junior	C1, C2
558	Special Formula	1-250 ml container ready to feed Nutren Junior Fiber	C1, C2
716	Special Formula	1-8 oz container ready to feed Pediasure	C1, C2
717	Special Formula	6-8 oz container ready to feed Pediasure	C1, C2
A65	Special Formula	1-8 oz containers ready to feed PediaSure 1.5 Cal	C1, C2
A66	Special Formula	1-8 oz containers ready to feed PediaSure 1.5 Cal with fiber	C1, C2
A58	Special Formula	1-8 oz container ready to feed PediaSure Enteral	C1, C2
A59	Special Formula	1-8 oz container ready to feed PediaSure Enteral with Fiber and scFOS	C1, C2
720	Special Formula	1-8 oz container ready to feed Pediasure with Fiber	C1, C2
721	Special Formula	6-8 oz container ready to feed Pediasure with Fiber	C1, C2
479	Special Formula	1-250 ml container ready to feed Peptamen	W5, W6, W7

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
480	Special Formula	1-250 ml container ready to feed Peptamen Junior	C1, C2
A47	Special Formula	1-250 ml container ready to feed Peptamen Junior 1.5	C1, C2
A48	Special Formula	1-250 ml container ready to feed Peptamen Junior Fiber	C1, C2
578	Special Formula	1-250 ml container ready to feed Peptamen Junior with Prebio	C1, C2
259	Special Formula	1-1 lb can powder Portagen	I, C1, C2
141	Special Formula	1-1 lb can powder Pregestimil	I, C1, C2
A50	Special Formula	6-2 oz containers ready to feed Pregestimil 20 Calorie (one 6-pack)	I, C1, C2
A51	Special Formula	6-2 oz containers ready to feed Pregestimil 24 Calorie (one 6-pack)	I, C1, C2
A53	Special Formula	1-8 oz container ready to feed Resource Breeze	C1, C2, W5, W6, W7
A61	Special Formula	1-13 oz container concentrate RCF	I
N74	Special Formula	12-13 oz containers concentrate RCF (1 case)	I
481	Special Formula	4-2 oz containers ready to feed Similac Similac Expert Care NeoSure (1-4 pack)	I, C1, C2
482	Special Formula	1-13.1 oz can powder Similac Expert Care Neosure	I, C1, C2
483	Special Formula	1-14.1 oz can powder Similac PM 60/40	I, C1, C2
588	Special Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 20 (1-4 pack)	I, C1, C2
587	Special Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 24 (1-4 pack)	I, C1, C2
586	Special Formula	4-2 oz containers ready to feed iron fortified Similac Special Care 30 (1-4 pack)	I, C1, C2
A52	Special Formula	1-8 oz container ready to feed Suplena	W5, W6, W7
G11	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Gentle	I, C1, C2
G20	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Gentle	I, C1, C2
G07	Formula	1-12.1 oz container concentrate Gerber Good Start Gentle	I, C1, C2
G08	Formula	2-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2

Infant/Special Formulas			
Voucher code	Voucher message		Allowed Category
G09	Formula	3-12.1 oz containers concentrate Gerber Good Start Gentle	I, C1, C2
G01	Formula	12.7 oz can powder Gerber Good Start Gentle	I, C1, C2
476	Formula	1-12.9 oz cans powder Gerber Good Start Soy	I, C1, C2
G41	Formula	1-22 oz container powder Gerber Graduates Gentle	I, C1, C2
G23	Formula	2-12.1 oz containers concentrate Gerber Good Start Soy	I, C1, C2
G24	Formula	3-12.1 oz container concentrate Gerber Good Start Soy	I, C1, C2
G29	Formula	2-33.8 oz (4-packs) ready to feed Gerber Good Start Soy	I, C1, C2
G28	Formula	1-33.8 oz (4-pack) ready to feed Gerber Good Start Soy	I, C1, C2
G43	Formula	1-24 oz container powder Gerber Graduates Soy	I, C1, C2
G57	Formula	1-22 oz container powder Gerber Graduates Soothe	I, C1, C2
G58	Formula	2-22 oz containers powder Gerber Graduates Soothe	I, C1, C2
A49	Special Formula	1-8 oz container ready to feed or Pediasure Peptide 1.0 Cal	C1, C2
A54	Special Formula	1-1.7 oz packet powder Vivonex Pediatric	C1, C2
A55	Special Formula	6-1.7 oz packets powder Vivonex Pediatric (one box, 6 packets each)	C1, C2

Modulars			
Voucher code	Voucher message		Allowed Category
511	Special Formula	1-400 gram (14.1 oz) can powder Duocal	All
512	Special Formula	4-400 gram (14.1 oz) cans powder Duocal	All
530	Special Formula	1 carton (50 packs per carton) Similac Human Milk Fortifier	C1, I
531	Special Formula	1 case (150 packs per case) Similac Human Milk Fortifier	C1, I
N75	Special Formula	1 carton (100 vials, 25 pouches with 4 - 5ml vials per pouch) Enfamil Human Milk Fortifier Acidified Liquid	I, C1
582	Special Formula	1-32 oz container MCT Oil	All
583	Special Formula	6-32 oz containers MCT Oil (1 case)	All
A76	Special Formula	1-227 g (8 oz) can SolCarb	All
A77	Special Formula	4-227 g (8 oz) can SolCarb (1 case)	All

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I. INTRODUCTION

Nutrition Education is a major component of the WIC program. The nutrition education and counseling provided to WIC participants emphasizes the relationship between proper nutrition, physical activity, and good health. Emphasis is on the nutritional needs of pregnant, breastfeeding and postpartum non-breastfeeding women, infants, and children less than five (5) years of age. WIC assists individuals at nutritional risk to achieve positive changes in food and physical activity behaviors to improve nutritional status.

Nutrition education is a no-cost WIC benefit available to all participants.

II. DEFINITIONS

A. Nutrition Education

Nutrition Education is a dynamic process delivered through individual or group sessions by which participants gain the understanding, skills, and motivation necessary to promote and protect their nutritional well-being through their food intake, physical activity, and behavioral choices. Nutrition education is focused on the participant's interests and designed based on ethnic, cultural, and geographic differences with consideration for language, education, environmental factors, and nutritional risks.

B. Value Enhanced Nutrition Assessment (VENA)/ Patient Centered Education (PCE)

“Value Enhanced Nutrition Assessment” (VENA) is a qualitative dietary assessment that promotes a participant-centered, positive approach to the nutrition assessment. The nutrition assessment is based on desired health outcomes rather than deficiency findings. This method allows for individualized counseling sessions.

VENA makes the nutrition education process more effective for both participants and educator by providing opportunities for participant-centered dialogue. The intent of VENA is to complement nutrition assessment, education and counseling, which leads to a measurable method of client-centered goal setting. Additional information on VENA is available at the USDA WIC Works website (<http://wicworks.nal.usda.gov/>). The entire VENA manual can be downloaded as a PDF file at the following link: http://www.nal.usda.gov/wicworks/Learning_Center/VENA/VENA_Guidance.pdf

III. STATE AGENCY NUTRITION EDUCATION RESPONSIBILITIES

A. Training and Technical Assistance

1. The State Agency will maintain a plan for providing training and technical assistance for WIC competent professional authorities (CPA's) and nutrition assistant staff at local clinics. Training and technical assistance provides

WIC CPA's with current information on the nutritional management of normal and high-risk participants, special problems, and emerging issues in nutrition.

2. **The** State Agency is responsible for the development and implementation of procedures to assure that nutrition education is provided to all adult participants, to parents or caregivers of infant or child participants and, when appropriate, to child participants.
3. **The** State Agency is responsible to provide resources and committee leadership for obtaining or developing nutrition education materials.

B. Nutrition Education Coordination

1. The State Agency is responsible **for** coordinating WIC nutrition education activities with related programs and professional groups such as the Cooperative Extension Service, Supplemental Nutrition Assistance Program (SNAP), professional organizations, advisory committees, etc.
2. The State Agency is responsible for the evaluation of nutrition education activities. The evaluation shall include an assessment of participants' views concerning the usefulness of the nutrition education they received.
3. The State Agency establishes standards for participants' education contacts that ensure the provision of adequate nutrition education.
4. The State Agency monitors local agency activities to ensure compliance with defined local agency responsibilities and participant nutrition education contacts.

IV. PARTICIPANT NUTRITION EDUCATION

A. Participant Nutrition Education Requirements

1. Local agencies must provide breastfeeding women and caregivers of infant and child participants with four (4) nutrition education contacts (must receive nutrition education on four different occasions) during each twelve (12) month certification period, **but not within the same day/clinic visit**. For prenatal and post-partum women, nutrition education contacts shall be made available at a quarterly rate, but not necessarily taking place within each quarter.
2. Participants must be encouraged to attend and participate in nutrition education activities, but they cannot be denied supplemental foods for failure to attend or participate in the provided activities.
3. Nutrition education contacts must be provided by a nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Nutrition Assistants (NAs) can provide low-risk nutrition education

contacts when appropriate nutrition education training has been received. The Nutrition Unit must approve the Nutrition Assistant training plan (**See Attachment NE-1: Guidelines for Nutrition Assistant Training**).

B. Methods for Providing Nutrition Education

1. The nutrition education contacts can be provided by individual or group sessions on topics appropriate to the individual participant's nutritional needs. Nutrition education can be provided face to face or through the states video conferencing system. On-line nutrition education is an additional option for participants that choose self-directed education through www.gawiconline.org.
2. Printed and audio-visual materials may be used to support the educational messages. Use of the following reinforcements alone is **not considered to be effective and cannot be counted as a nutrition education contact**: publications, pamphlets, take-home activities, newsletters, videotapes, posters, bulletin boards, displays, health fairs, public service announcements, radio, and TV advertisements.

C. Group Nutrition Education

Group Nutrition Education must be provided by a CPA or Nutrition Assistant. Group nutrition education must be documented directly into the front end WIC system (Sign-in sheets are not necessary).

A class outline must be developed when group-facilitated classes are used to provide the secondary nutrition education contact.

The class outline must:

- Include learning objective(s)
- Be kept at the clinic site for use by clinic staff
- Be provided to the Office of Program Operations and Nutrition Services at the time of program reviews.

Education provided by a Breastfeeding Peer Counselor cannot count towards the required secondary nutrition education contact. Georgia WIC values breastfeeding education and allows for Peer Counselors to participate in prenatal classes as a resource.

D. On-line Nutrition Education

1. A local agency shall offer participants the option of completing a second nutrition education contact by using a kiosk within their clinic or by going to the Georgia WIC Online education website at www.gawiconline.org.
2. At voucher pick up, participants completing online education must be offered an opportunity to speak with a CPA to answer any questions they may have.

3. While high-risk participants are eligible to use Georgia WIC Online, high-risk participants must still receive a high risk contact. Participants only receive credit for a low risk contact when nutrition education is completed on-line or by kiosk in a valid certification period.
4. Participants are not limited on the number of lessons or the frequency of visits.
5. When participants choose online nutrition education, staff will:
 - a. Provide first time users with a Georgia WIC Online User's Guide or other approved Georgia WIC Online resources.
 - b. Review the procedures and requirements for completing online nutrition education with the participant.
 - c. Verify completion of the online nutrition education contact at voucher pick up through a review of the certificate, printed by the participant after completing the lesson or via online verification. With online verification, clinics are **not** required to print a certificate for the medical record.
 - d. Verify that the date of the nutrition education contact is within the current certification period.
 - e. Offer participants an opportunity to speak with a CPA.
 - f. Document a secondary nutrition education contact in the nutrition education contact screen of your WIC front-end computer system.
 - 1) Enter the "date of completion" of the online nutrition education contact as the secondary nutrition education follow-up date.
 - 2) Enter the secondary nutrition education contact provided as "L" (low risk).
 - 3) Online nutrition education can be documented as "O" for online or "K" for kiosk. Enter the secondary nutrition education contact based on the method it was received. If the online nutrition education contact was completed on a kiosk in a health center enter "K" (Kiosk). All other locations should be documented as "O" for online.
 - 4) Select the online nutrition education topic(s) completed from the list of secondary nutrition education topics.
 - 5) Enter the secondary nutrition education provider as "Independent Education" (code = "P7").
 - g. Offer a group or individual contact to participants if unable to verify online education.
 - h. Refer all high risk participants to the CPA for a high-risk secondary nutrition education contact, even if the participant completed the low-risk online nutrition education.

E. High Risk Follow-Up

All high-risk WIC participants (**as defined in the Risk Criteria Handbook**) must be scheduled to receive a high-risk nutrition education contact during the current certification period. The High Risk Nutrition Education contact must include a care plan. Refer to Attachment NE-2 for the documentation components of the care plan.

F. Exit Counseling

1. All women participants must receive Exit Counseling by the final nutrition education contact of the postpartum period (i.e., counseling at least one (1) time on each of the below topics between the initial prenatal certification and when the postpartum woman is terminated as a participant for the current pregnancy). It is recommended that Exit Counseling be discussed at the first contact. Exit Counseling is defined as counseling which includes the following topics:
 - a. Importance of folic acid intake
 - b. Health risks of using alcohol, tobacco, and other drugs
 - c. Breastfeeding as the preferred method of infant feeding or continued breastfeeding as the preferred method of infant feeding for those women who are currently breastfeeding
 - d. Importance of up-to-date immunizations
2. Parents or caregivers of WIC infants and children must also be provided with Exit Counseling. It is recommended that Exit Counseling be discussed at the first contact. Exit Counseling is defined as counseling which includes the following topics which are to be discussed within an infant's certification period (birth to one year) and child's certification period (one to five years):
 - a. Preventative information about abuse of drugs and other harmful substances.
 - b. Importance of up-to-date immunizations

G. Alternate

Nutrition education may be provided to the **alternate** at the time of voucher issuance and count as a contact for the participant.

V. DOCUMENTATION OF NUTRITION EDUCATION

All individual nutrition education services and contacts received by participants must be documented in the participant's health record:

A. Primary Nutrition Education

1. Primary nutrition education can be documented on the "staff" side of the client nutrition questionnaire or directly into the electronic medical record.
2. Documentation must include date, topics covered, and provider.

B. Secondary Nutrition Education

1. Electronic documentation of all secondary nutrition education contacts **is required**. Documentation of contacts **must** include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.).
2. Electronic documentation of refusal of a participant/caregiver to receive Nutrition Education is **highly** recommended. Documentation of this contact should include the date and the initials of the person recording the refusal.
3. Documentation of missed nutrition education contacts is recommended. Documentation of this **missed** contact should include the date and the initials of the person recording the missed appointment.
4. Participants who fail to keep their appointments must be offered a nutrition education contact at their next voucher pick up.
5. Failed, missed, and refused secondary nutrition education appointments do not count as having provided secondary nutrition education.
6. In addition to the date, topic(s), the title of the person providing the nutrition education and method by which the nutrition education contact was provided high risk follow-up must include a nutrition care plan using the Nutrition Care Process. The Nutrition Care Process includes the following steps:
 - a. Nutrition Assessment
 - b. Nutrition Diagnosis
 - c. Nutrition Intervention
 - d. Monitoring and Evaluation
7. Approved formats for high risk documentation include; ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), and SOAP (**S**ubjective, **O**bjective, **A**ssessment, **P**lan). A flow sheet may be used as long as it contains all components of the Nutrition Care Process. ADIME format is the preferred method of documentation for Registered Dietitians.

VI. NUTRITION EDUCATION PLAN

Nutrition Services Plan

The State Agency is responsible for the development of a Nutrition Services Plan that is developed collaboratively with the Local Agencies. In the development and/or revision of the Nutrition Services Plan, the State Agency will utilize annual public comment responses for the regular assessment of participant views on nutrition education and breastfeeding promotion. The Nutrition Services Plan will utilize the Local Agency Nutrition Education

Plans to describe efforts across the state related to WIC Participant nutrition and breastfeeding education.

The Nutrition Services Plan may include plans for:

- The provision of secondary nutrition education to participants and nutrition education for high risk participants.
- Breastfeeding promotion.
- Communication and program outreach.
- Assuring staff development of skills related to Value Enhanced Nutrition Assessments.
- Special targeted nutrition, breastfeeding, physical activity and other related health behaviors that foster the integration of services within public health for the benefit of WIC Participants. This may include partnerships and collaborations. When these integrated plans are included in the Nutrition Services Plan, they must show evidence how the primary focus areas of WIC related to nutrition, physical activity and breastfeeding education are being met.

VII. LOCAL AGENCY STAFF/CPAs

A. District Responsibility

District staff are responsible for providing in-service training and technical assistance for competent professional authorities (CPAs) and nutrition assistants at local clinics.

B. Orientation

1. Districts must use the CPA Orientation Checklist for training all newly hired CPAs. The Orientation Checklist must be completed within (30) thirty days of the employee providing WIC services (see Attachment NE-5). **If the district chooses to use their district orientation checklist, all components of the CPA Orientation Checklist must be included.**
2. The WIC CPA must also receive competency based nutrition training within twenty-four (24) months of employment. This training should cover skills outside of the basic competencies required for holding CPA position, such as VENA competency skills or other competencies for special populations.

C. Continuing Education

Competent Professional Authorities (CPAs) / Nutrition Assistants (NAs) / Breastfeeding Peer Counselors (BPCs)/ all other staff that have contact with WIC Participants.

1. All WIC CPA and Nutrition Assistant (NA) staff, whether they work full time or part time, must receive at least twelve (12) hours of **nutrition specific** continuing education each year. At least one (1) hour of this nutrition specific training must be related to Breastfeeding. Training must be approved by the local agency Nutrition Services Director (or designee). The twelve (12) hours of nutrition specific continuing education can be met in the following ways:
 - a. Participation at local, state, or national workshops or meetings to develop and update skills and knowledge in nutrition and lactation management.
 - b. Completion of Internet based or home study nutrition related educational courses (developed and/or approved by a nationally recognized professional organization).
 - c. Through establishment of a staff Nutrition Journal Club, where peer reviewed nutrition related research articles are shared, reviewed and discussed. A maximum of one (1) credit hour (or clock hour) will be allowed per meeting time. Examples of approved peer reviewed research journals include: Journal of the American Dietetic Association, the American Journal of Public Health and Journal of Nutrition Education and Behavior, etc.
2. CPAs require WIC programmatic in-service training (e.g., risk criteria, food package/approved foods, etc.). These trainings do not count towards the required twelve (12) hours unless approved by the state.
3. Value Enhanced Nutrition Assessment/**Participant Centered Education** (VENA/**PCE**) process continuing education training is recommended annually for the CPAs.
4. The hours of continuing education required may be pro-rated for new hires, staff who terminate prior to the end of the reporting period, and in special circumstances (e.g., staff on medical leave). For example, a staff member who works in WIC for six months would be expected to have accumulated approximately six hours of continued education. However, the number of continuing education hours required per year cannot be adjusted based upon the percent of time the employee performs WIC duties (e.g., employee only performs WIC duties 50% of the time).
5. Reporting and Monitoring
 - a. The WIC Local Agency Continuing Education Documentation Log (Attachment NE-4) should reflect training obtained by all CPAs **and NAs** in the local agency, be maintained in the local agency files, and must be available for review by State Nutrition Unit staff during the WIC program review. Districts are not mandated to use the state's log; this log is only an example. However, districts must track and be able to produce the same continuing education information required as outlined in the attached log. **The log should be maintained over time either by federal fiscal, state fiscal or calendar year. If the Local Agency decides to**

change the tracking period, they must maintain two logs until such time as the full year transition occurs.

b. The Local Agency Continuing Education Documentation Log should include the following criteria, at a minimum, for each CPA & NA in the local agency:

- (1) CPA or NA name and title
- (2) Clinic number(s)
- (3) Yearly total of continuing education hours received
- (4) Hire and termination date

c. Local agency training provided must include at a minimum:

- (1) Training topics
- (2) Agendas
- (3) Speaker(s) curriculum vitae (must show evidence of skill/training in the area which they are presenting) (WIC Staff providing training locally are exempt from the curriculum vitae requirement; the staff providing the training should have appropriate knowledge and experience.)
- (4) Staff trained (e.g. all CPA staff, Nutritionists only, etc.)
- (5) Sign-in roster

d. All other trainings attended must include at a minimum:

- (1) Training topics and agenda (or certificate of attendance)
- (2) Speaker (s) (unless contained on certificate of attendance)
- (3) Date (s) attended and hours of continuing education

6. Breastfeeding Peer Counselor Continuing Education

a. Breastfeeding Peer Counselors are required to receive twelve (12) hours of breastfeeding and counseling specific continuing education yearly.

b. Documentation of this training must be maintained on a federal fiscal, state fiscal or calendar year. If the Local Agency decides to change the tracking period, they must maintain two logs until such time as the full year transition occurs.

c. The Local Agency Breastfeeding Peer Counselor Continuing Education Documentation Log should include the following criteria at a minimum for each Peer Counselor in the local agency:

- (1) Peer Counselor name and title
- (2) Clinic number(s)
- (3) Yearly total of continuing education hours received
- (4) Hire and termination date

7. All staff who provide WIC services must have at least one (1) hour of breastfeeding specific training annually. (CPA and NA breastfeeding specific training should be maintained in their nutrition continuing education training log.) Training must be approved by the local agency Nutrition Services Director (or designee). Documentation of this training must be maintained on a federal fiscal, state fiscal or calendar year. If the Local Agency decides to change the tracking period, they must maintain two logs until such time as the full year transition occurs. The log should include at minimum:

- a. Employee Name
- b. Clinic Number
- c. Yearly total of breastfeeding continuing education hours received
- d. Hire and termination date
- e. Local agency training provided must include at a minimum:

- (1) Training topics
- (2) Agendas
- (3) Speaker(s) vitae (must show evidence of skill/training in the area which they are presenting)
- (4) Staff trained (e.g. all CPA staff, Nutritionists only, etc.)
- (5) Sign-in roster

f. All other training attended must include at a minimum:

- (1) Training topics and agenda (or certificate of attendance)
- (2) Speaker (s) (unless contained on certificate of attendance)
- (3) Date (s) attended and hours of continuing education

VIII. PARTICIPANT REFERRAL TO OTHER AGENCIES

The need for referrals must be assessed during each certification.

A. Mandatory Referrals

While receiving Georgia WIC, participants must be referred to the Supplemental Nutrition Assistance Program (SNAP), Medicaid, and Temporary Assistance for Needy Families (TANF) at least one time. Participants shall be informed of these programs and, if needed, be provided with the addresses and telephone numbers of local/state offices.

B. Other Referrals

- 1. Local agencies are encouraged to coordinate with and refer participants to the Cooperative Extension Service, Expanded Food and Nutrition Education Program (EFNEP), Head Start, Pre-K, and other programs.

2. Local agency Staff should refer participants to other health services offered within the health department system and other agencies and services. These include, but are not limited to:

<p>Maternal Health Programs</p> <p>High Risk Pregnancy Program Family Planning Program Sexually Transmitted Disease</p> <p>Assistance Programs</p> <p>Supplemental Nutrition Assistance Program (SNAP) Medicaid Right from the Start Temporary Assistance for Needy Families (TANF) Head Start</p>	<p>Child Health Programs</p> <p>Children’s 1st Children's Medical Services Immunization Program Lead Screening Program Health Check Oral/Dental Health Program Vision Screening Program</p> <p>Community Resources</p> <p>AIDS Program Private Physician Mental Health and Substance Abuse Program</p>
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3. Children with the following nutritional risks should be automatically referred to the District Children’s 1st coordinator using the Children’s 1st Screening and Referral Form:
- a. Risk 134: Failure to Thrive
 - b. Risk 211: Elevated Blood Lead Level
 - c. Risk 348: Central Nervous System Disorders
 - d. Risk 349: Genetic and Congenital Disorders
 - e. Risk 351: Inborn Errors of Metabolism
 - f. Risk 362: Developmental, Sensory or Motor Delays Interfering with Ability to Eat
 - g. Risk 382: Fetal Alcohol Syndrome
 - h. Risk 703: Infant Born to Mother with Mental Retardation, or Alcohol or Drug Abuse during Most Recent Pregnancy
 - i. Risk 801: Homeless
 - j. Risk 901: Recipient of Abuse

Children’s 1st is Public Health’s single point of entry for children birth to age five. Parents whose infants and children are at risk for poor health and developmental outcomes are linked to prevention-based programs and services.

C. Breastfeeding Referrals

Prenatal or breastfeeding participants needing additional breastfeeding information, assistance or support should be referred to the appropriate person(s) designated through the local agency breastfeeding program. General breastfeeding referrals should be documented as “W,” while referrals to breastfeeding peer counselors should be documented as “X.”

D. High Risk Referral to RD

When a participant identified as high risk is referred to a nutritionist or Registered Dietitian, use (“V”) to document the referral.

E. Participant Health Record Referral Documentation

Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented; reasons for not referring or participant's refusal should be included in documentation.

IX. NUTRITION EDUCATION MATERIALS/RESOURCES

A. Nutrition Education Materials

1. All nutrition education materials used by the local agency must:

- Be from the Georgia WIC State Approved Educational Materials list or have documentation of state agency approval for the use of the material on file along with a copy of the material.
- Accurately reflect current documented scientific knowledge of nutrition.
- Meet the needs of the specific population group to be served, including prenatal, breastfeeding, postpartum women, infants, and children less than five, and when applicable, migrant farm workers and homeless persons.
- Give consideration to the reading level as well as to the cultural and language needs of clients.

2. All nutrition education materials and forms used and developed locally for WIC participants must be approved by the Georgia WIC Program, Program Operations and Nutrition Office prior to printing and distribution. The state will evaluate materials for:

- Adherence to the Department of Public Health Style Guide
- Appropriate use of Georgia WIC logos and branding

- Nutrition content using the DANEH Checklist (See Attachment NE-3 for the link to check list)
- Appropriate use of the USDA non-discrimination statement.

The Nutrition Unit will provide written notification for approvals, denials or a request for additional documentation within sixty (60) days of submission.

The Nutrition Unit is available for consultation and technical assistance to review nutrition education materials prior to submission for approval.

If a local agency develops materials that are applicable statewide, the Nutrition Unit may seek approval from the local agency to add the material to the Georgia WIC State Approved Educational Materials list.

3. Emergency Preparedness: In an actual emergency, where materials are necessary to support nutrition education or service delivery and the health of Georgia WIC participants, the Nutrition Service Director can approve a small supply (sufficient to meet the needs of the emergency) of a locally developed material.
4. The Nutrition Unit reserves the right to disapprove the use of nutrition education materials if it determines them to be inappropriate.

B. Nutrition Resources

Each local agency must have an established nutrition reference guide available. Examples of approved nutrition reference guides include, but are not limited to:

1. The Academy of Nutrition & Dietetics Nutrition Care Manual & Pediatric Nutrition Care Manual. The State Agency will assure electronic access to this evidenced based resource.
2. Georgia Academy Diet Manual
3. International Dietetics and Nutritional Terminology Reference Manual

ATTACHMENTS

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NE-1: GUIDELINES FOR NUTRITION ASSISTANT TRAINING**I. Qualifications for Nutrition Assistants**

- A. WIC clerical staff.
- B. Health services technicians including nationally certified laboratory technicians and certified nursing assistants with WIC experience.
- C. Expanded Food and Nutrition Education Program (EFNEP) agents.
- D. Volunteers with a background in Home Economics, Nutrition, Medical Science, and Health Education.
- E. Nursing students who have taken at least one (1) nutrition course.
- F. University students who have completed at least one (1) nutrition and one (1) general health course
- G. The certification of a Nutrition Assistant must be completed by the Nutrition Service Director or designee.

II. Nutrition Assistant Trainers

A Nutritionist, Registered and Licensed Dietitian (RD, LD), Licensed Dietitian (LD), or other Competent Professional Authority (CPA) that has been trained by the state or local agency. Certified Nutrition Assistants (NA) may assist the facilitator to provide peer experiences and support.

III. Competencies for Nutrition Assistants

- A. The NA will be able to demonstrate basic Georgia WIC knowledge in the following areas:
 - 1. Describe the basic goals of Georgia WIC.
 - 2. List eligibility requirements for Georgia WIC.
 - 3. Name the State and Federal agencies that fund and administer Georgia WIC.
 - 4. Identify the district WIC staff, including the Nutrition Services Director or the Nutrition Program Manager, and where to locate the district WIC office (address and phone number).
 - 5. Locate: (a) the local WIC clinic policies and procedures; (b) list of local area WIC vendors; (c) USDA rules and regulations or Georgia WIC Procedures Manual policies relating to supplemental foods and nutrition education.

6. Describe the process of how a WIC participant obtains WIC foods and list the various WIC approved foods.
 7. Demonstrate a thorough knowledge for any topic for which they will be providing individual counseling or leading classes. The NA should score ninety (90) percent or above on the written test. Demonstrate ability to apply VENA counseling skills during nutrition counseling.
 8. Demonstrate ability to apply VENA counseling skills during nutrition counseling
- B. The NA will be able to demonstrate the following communication skills:
1. Demonstrate each of the following skills during a participant interview or group-facilitated class:
 - Introduce self
 - Provide a clear explanation for the purpose of class/contact
 - Conduct the activity within a given time frame
 - Use Reflective Listening
 - Use open-ended questions
 - Conduct activities in a non-judgmental manner
 - Communicate using simple language
 - Convey sincere interest
 - Convey positive body language and attitude
 2. Identify problems, during the individual contact or group-facilitated classes that are WIC, health, or staff-participant relationship oriented.
- C. The Nutrition Assistant will be able to demonstrate the following referral skills:
1. Refer participant for needs encountered during the group-facilitated class/individual contact to appropriate personnel.
 2. Refer participant with medical and nutrition related needs to the appropriate professional.
 3. Refer any questions they were unable to address to the appropriate professional.

IV. Requirements for Nutrition Assistant (NA) Training/Continuing Education

Nutrition Assistants (NAs) may provide low-risk secondary nutrition education contacts only if the following competencies have been met:

- A. A training session related to the nutrition topic is successfully completed.
 1. A test and clinic observation is completed for each nutrition topic area.

2. The Nutrition Assistant can only provide information to participants that have been covered in their training sessions.

- B. The Nutrition Assistant has met the required 12 nutrition specific continuing education hours including one hour of breastfeeding continuing education.

V. Parameters for Nutrition Assistants Conducting Low Risk Secondary Nutrition Education Contacts

Nutrition Assistants (NAs) will be trained to provide very specific nutrition information to WIC participants. Nutrition Assistants will only be permitted to provide information covered in completed training(s). Referrals by the NA to a nutritionist or CPA will be made based on guidance in class outlines and/or the training manual, and/or for questions beyond the scope of the training received by the Nutrition Assistant.

VI. Evaluation of the Nutrition Assistant

Competencies that will be evaluated include the following:

- A. The Nutrition Assistant must score 90% or above on a test for each topic area, before being able to proceed to the next topic.
- B. The Nutrition Assistant must observe a professional providing low-risk secondary nutrition education contacts for at least one (1) clinic day, before being allowed to provide any participants with secondary nutrition education contacts.
- C. The Nutrition Assistant must be observed conducting at least three (3) low-risk secondary nutrition education contacts before being allowed to provide any unaccompanied secondary nutrition education contacts on a routine basis. See Attachment NE-1 "Nutrition Assistant – WIC Program – Observations".
- D. The immediate supervisor (or designee) must be readily accessible to assist the Nutrition Assistant with problems.
- E. The Nutrition Services Director (or designee) will conduct quarterly record reviews and observe the Nutrition Assistant providing low-risk secondary nutrition education contacts. These quarterly record reviews and quarterly observations will be documented and made available for Nutrition Unit staff during WIC program reviews.
- F. The Nutrition Services Director (or designee) will be available to provide technical supervision and to act as a resource.

**NUTRITION ASSISTANT TRAINING PLAN
CHECKLIST FOR ITEMS TO SUBMIT FOR APPROVAL**

Training Plan:

- _____ Class outlines for use in training Nutrition Assistants, including post-tests.
Note: These may be submitted on an on-going basis.
- _____ Evaluation Component
- _____ Plan for Nutrition Assistant to observe professional(s) providing low-risk secondary nutrition contacts.
- _____ Plan for Nutrition Service Director (or designee) to observe Nutrition Assistant(s) providing low-risk secondary nutrition education contacts.
- _____ Plan to conduct quarterly chart reviews, where applicable, and quarterly observations of Nutrition Assistant(s).
Record review to include the following:
 - Documentation of nutrition education is completed and accurate
 - Identification data completed accurately
 - Error corrections done to policy
 - All dates, signatures, title documented
- _____ Class outlines for use by Nutrition Assistant(s) in providing low-risk secondary nutrition education contacts (group-facilitated classes or individual counseling).
- _____ Documentation Procedures to be used by Nutrition Assistants.

Additional Information:

- _____ Name(s) of Nutrition Assistant(s) being trained, and clinic(s) in which trainee is working.
- _____ Name(s) of direct supervisor(s).
- _____ Name of district nutritionist designated to provide technical assistance.

Nutrition Assistant – WIC Program - Observations

Nutrition Assistant Name _____ **Date Completed** _____

Reviewer _____ **Clinic** _____ **Class/Individual (circle one)**

Directions: Record S (satisfactory) SN (satisfactory needs improvement), U (unsatisfactory), NA (not applicable)

Observation Criteria	S/SN/U/NA	Comments (if U, specify)
I. Communication Skills:		
1. Displayed respect for other cultures and used translator appropriately		
2. Treated person in courteous, respectful manner		
3. Asked open-ended questions		
4. Non-judgmental attitude		
5. Maintains direct/level eye contact		
6. Listens attentively w/out interruption		
7. Invited client to ask questions and encouraged participation		
II. Content:		
1. Explains purpose of NE contact		
2. Introduces self and topic		
3. Gave accurate information and appropriate materials		
4. Discussed 1 or 2 teaching points from source document/articles		
5. Followed Outline		
6. Stays within allotted time		
7. Stayed within scope of practice and referred to CPA as needed		
8. Summarized Discussion		
Documentation: Documented secondary nutrition education contact appropriately		

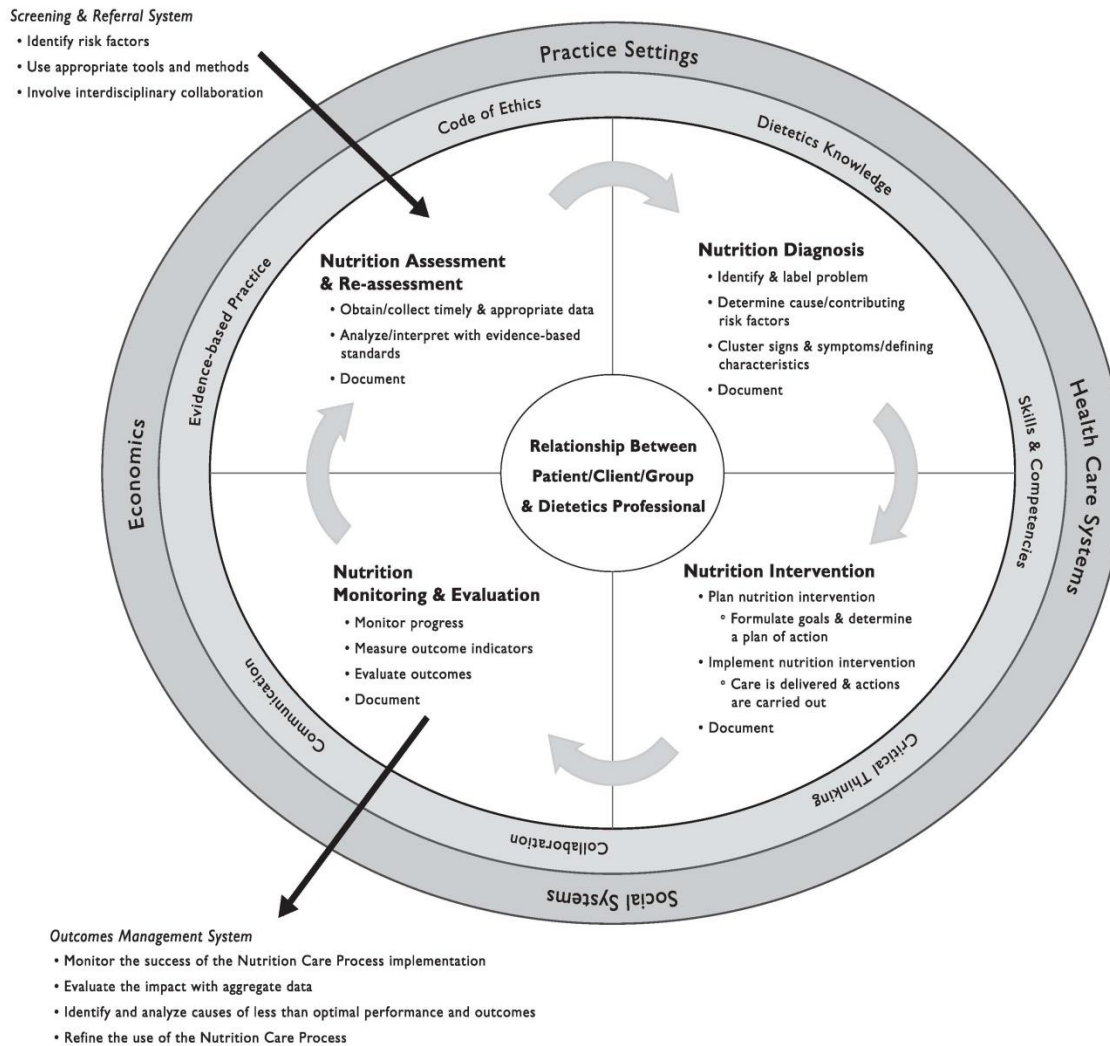
The performance of the nutrition assistant during this observation has been discussed.

Signature/Title of Reviewer _____ Date: _____

Signature of Nutrition Assistant: _____ Date: _____

NE-2: NUTRITION CARE PROCESS

The Nutrition Care Process and Model



Nutrition Assessment

Nutrition Assessment is the first step of the Nutrition Care Process. It is defined as a systematic method for obtaining, verifying, and interpreting data needed to identify nutrition-related problems and their causes and significance. It is an ongoing, nonlinear, dynamic process that involves initial data collection as well as continual reassessment and analysis of the patient's/client's status compared with specified criteria. Nutrition assessment data are obtained from a variety of sources.

Nutrition Diagnosis

Nutrition Diagnosis is the second step of the Nutrition Care Process. In this step, the **registered dietitian** (RD) identifies and labels an existing nutrition problem that the RD is responsible for treating independently. In diagnosing a nutrition problem, the RD organizes the assessment data, clusters nutrition signs and symptoms, and compares them with the defining characteristics of suspected diagnoses as listed in the nutrition diagnosis reference sheets. Reference sheets that define each nutrition diagnosis are found in the *International Dietetics and Nutrition Terminology*. The nutrition diagnosis is expressed using nutrition diagnostic terms and the etiologies, signs, and symptoms that have been identified in the reference sheets describing each diagnosis.

Nutrition Intervention

The third step of the Nutrition Care Process is Nutrition Intervention, which is defined as purposefully planned action(s) designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status. Nutrition intervention consists of two interrelated components: **planning** and intervention. The nutrition intervention is typically directed toward resolving the nutrition diagnosis or the nutrition etiology. Less often, it is directed at relieving signs and symptoms.

Nutrition Monitoring & Evaluation

The fourth step of the Nutrition Care Process is Nutrition Monitoring and Evaluation. In this step, the registered dietitian (RD) identifies the amount of progress made if **goals** or expected outcomes are being met. **Nutrition monitoring and evaluation** identifies outcomes relevant to the nutrition diagnosis and intervention plans and goals.

“SOAP” NOTE DOCUMENTATION FORMAT

Once the nutritional status of an individual has been determined, the assessment of the problem and intervention plans need to be communicated to other health professionals. The use of the SOAP Note format is an excellent way of conveying this nutritional information. The data gathered during the nutrition assessment can be incorporated into the SOAP Note in the following manner:

- S- Subjective Data:
 - Statement of the individual's thoughts and feelings
 - Individual complaints, “quotable” significant information, individual's description of his or her problem, individual's statement of needs
 - Information gained from talking with the individual, from others working with the individual, or from the individual's relatives
 - Dietary intake and reported nutritional practices

- O- Objective Data:
 - Facts, tangible findings, clinical observations, documented information
 - Physical findings, signs, symptoms
 - Anthropometric data
 - Laboratory data
 - Factual information regarding background, history
 - Environment, progress or problems

- A- Assessment:
 - Your assessment or impression of the individual's nutritional status, needs, problems; assessment of the overall situation
 - Summary and evaluation of dietary intake
 - Meaning, value of the information presented
 - Information still needed
 - Problem definition, interpretation

- P- Plan:
 - What the participant chooses as a goal in order to address their individual nutritional status, need, or situation
 - What you plan to do to obtain more information and/or educate and treat the individual
 - Referrals
 - Recommendations and plans for follow-up visits
 - Educational materials used and given to the individual

NE-3 MATERIAL EVALUTION

Nutrition content is evaluated using “the Developing & Assessing Nutrition Education Handouts (DANEH) checklist was created by the Academy of Nutrition and Dietetics Foundation as part of the Future of Food (FOF) project. The purpose of the DANEH checklist is twofold: 1) to screen existing nutrition education handouts in order to establish the inclusion/exclusion of important quality components, and; 2) as a tool to use in developing quality nutrition education handouts.” (See link below for reference).

It is recommended that the DANEH Checklist is used to evaluate materials with a score of 76% or higher prior to sending for approval for printing.

(<http://healthyfoodbankhub.feedingamerica.org/wp-content/uploads/2013/12/Nutrition-Education-Handout-Checklist-rev-10-17-13.pdf>).

If you develop outreach materials, we recommend that you use the Modified CDC Clear Communication Index Score Sheet

<http://www.cdc.gov/healthcommunication/pdf/clearcommunicationindex/scoresheetfillableform2014.pdf> with a score of 86% or higher prior to sending for approval for printing.

NE-4: WIC LOCAL AGENCY CONTINUING EDUCATION DOCUMENTATION LOG

District _____

CPA Staff: Minimum Requirement 12 Hours Yearly

Year Reviewed: _____

Name	Title	Clinic	Training Type	Training Date	Training Hours
EX: Jane Doe	Nutritionist	625	Clinical Skills	8/25/2007	10 hours documented
Start Date 1/1/2008				Total Hours	10 hours

Comments: _____

Nutrition Assistants: Minimum Yearly Requirement 12 Hours Yearly

Year Reviewed: _____

Name	Title	Clinic	Training Type	Training Date	Training Hours	*Quarterly Clinic Observations Documented
EX: Nancy Drew	Nutrition Assistant	625	Stress Free Feeding	1/1/2008	5 hours documented	1/1/2008 by TES
						4/17/2008 by TRS
						7/7/2008 by TES
						10/21/2008 by TRS
Start Date 1/1/2008				Total Hours	5 hours	

Comments: _____

Note: Total CPAs/Nutrition Assistants with adequate documentation divided by Total CPAs evaluated = % of CPAs with adequate documentation.

* Documentation of Nutrition Assistant Clinic Observations must include the dates and signatures of the Nutrition Services Director or designees conducting the observations.

NE-5: WIC CPA ORIENTATION CHECKLIST

Name _____ Hire Date: _____

District: _____ County/Clinic: _____

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Job Description/Expectations				
WIC Overview				
Customer Service				
Cultural Competence				
WIC Civil Rights				
Computer System Overview				
Data Entry				
WIC Procedure's Manual				
Nutrition Reference Guides - Nutrition Care Manual - Other as approved by the Nutrition Unit				
BREASTFEEDING				
State/District Breastfeeding Policy				
Breastfeeding Advantages - Infants, Mother, Society				
WIC Approved Educational Materials				
Breast Pumps and Accessories				
- Assembly instructions				
- Issuing/Tracking Logs				
- Care, Cleaning, Safety				
- Accessory information and Instructions				
- Issuing/Tracking Logs				
Common Concerns/Potential Issues				
Infants:				
- Normal eating patterns/habit				
- Weight Gain				
- Adequate intake assessment				
- Fussy baby				
- Normal stools/frequency				
- Gas				
- Other:				
Mothers				
- Dietary Needs/fluids				
- Smoking/Drugs				
- Working/Time away from infant				
- Other:				

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Referrals for complications: <ul style="list-style-type: none"> - Sore breasts/nipples - Jaundice - Inadequate weight gain - Constipation - Diarrhea - Poor latch - Mastitis - Clogged ducts - Other: 				
Referrals for support: <ul style="list-style-type: none"> - Peer Counselors - Breastfeeding Coordinator - Designated clinic CPA 				
Approved Reference Books: <ul style="list-style-type: none"> - Breastfeeding Answer Book - Medications and Mother's Milk - Other: 				
Healthy Mothers, Healthy Babies; zipmilk.org				
Clinic/District/Community Resources Other:				
Nutrition Risk Criteria				
Women: Prenatal				
Women: Breastfeeding				
Women: Postpartum				
Infants				
Children				
Priority Assignment per category				
Food Packages				
WIC Approved Foods				
Tailoring				
Special Formulas/Metabolic Foods/ State Ordered Formula				
999 Procedures <ul style="list-style-type: none"> - Documentation - Follow up 				
Infant formulas: <ul style="list-style-type: none"> - Contract - Non-contract - Exempt 				
Laboratory Data				

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Anthropometrical Procedures <ul style="list-style-type: none"> - Measuring weight - Measuring length/height - Head circumference (if applicable) - Calculations: BMI, prenatal weight gain - Plotting 				
Hemoglobin/Hematocrit Procedures				
Counseling Skills / VENA/Patient Centered Education (PCE)				
Establishes Rapport				
Invites participant questions, concerns, interests				
Asks open ended questions (Motivational Interviewing)				
Reflects/Summarizes participant concerns				
Sensitive to participant's cultural beliefs/practices				
Guides participant in goal setting				
Documentation				
Nutrition Care process: ADIME / SOAP				
Writes measurable goals in SMART format				
Error Correction procedures				
Makes appropriate referrals- how and when <ul style="list-style-type: none"> - Medicaid - Food Stamps - TANF - Children's 1st - BCW - RD - CMS - Housing Authority - Head Start - Food Bank 				
Other:				
Online Nutrition Education GAWICOnline				

Orientation Items	Date Reviewed	Employee Initials	Trainer Initials	Comments
Nutrition Specific Continuing Education (12 hours yearly)				
Special Projects				

Employee Signature: _____

Supervisor Signature: _____

Note: All criteria listed above are not intended to be an exhaustive list. Districts may include additional WIC related topics to their checklists as they see necessary. All competencies listed must be reviewed with the new employee, checked and signed within 30 days of the employee providing WIC services. All CPAs are expected to be fully competent in the above areas within twelve (12) months of hire date.

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I. INTRODUCTION

This section of the manual outlines procedures for ensuring access to WIC services and minimizing hardship for the segment of the population that requires non-traditional services. Federal regulations require that all eligible and potentially eligible individuals have equal access to WIC benefits and services. Therefore, the local agency must make every effort to identify and reduce barriers that prohibit enrollment and service to eligible and potentially eligible clients.

WIC defines a special population as a group of persons with common needs that require special assistance and/or specific services to access and participate in WIC related services. Special population groups referenced in this section are: migrants, loggers, applicants/participants residing in institutions, homeless people, Limited English Proficient people, Native Americans, and persons with disabilities. Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for these populations.

II. MIGRANT FARM WORKERS, LOGGERS, AND SEASONAL FARM WORKERS

A. Definitions

1. **Migrant Farm Workers** are individuals (and family members) employed seasonally in agriculture occupations, who establish temporary residence for the purpose of such employment, and have been employed in such occupation within the last twenty-four (24) months.
2. **Loggers** are individuals whose principal employment is seasonal harvesting of trees, who have been employed in this activity within the last twenty-four (24) months and for such employment established a temporary abode.
3. **Seasonal Farm Workers** are individuals employed in agriculture occupations who do not move from place to place establishing temporary residence for the purpose of work. **THEY ARE NOT** migrant farm workers as defined by the Georgia WIC Program.

B. Certification

The process for certifying **Migrant Farm Workers, Loggers, and Seasonal Farm Workers (collectively referred to as "migrant")** must comply with standard certification procedures (see Certification Section). **The local agency must issue an Electronic Verification of Certification (EVOC) or Verification of Certification (VOC) card to every migrant at the time of certification.** A valid EVOC/VOC card helps migrants access WIC services (see Certification Section - Transfer of Certification). The VOC card is valid until the certification period expires.

WIC certification must be documented with an EVOC/VOC card or a copy of the Georgia WIC Program assessment form. In lieu of a VOC card, the receiving WIC clinic must verify the current certification information. Vouchers must only be issued for thirty (30) days if WIC clinic staff cannot verify certification information with the originating clinic.

C. Food Delivery

Migrants frequently remain in a local area for a very short period. It is essential that migrant certification, transfer of eligibility, and receipt of WIC foods are received as expeditiously as possible. **Vouchers must be issued on the same day the migrant participant is certified.**

When a migrant presents WIC vouchers from another state, the certifying clinic should void the vouchers and issue Georgia WIC Program vouchers as replacements. The certifying clinic must send the voided vouchers back to the appropriate State Agency where the vouchers originated. If a migrant presents vouchers from another WIC clinic in Georgia, the clinic staff should instruct the migrant to redeem them if they have a valid issue date (see Food Delivery Section).

D. Outreach and Referral

In geographical areas where there is significant movement of migrants, local agencies are required to **implement all services necessary to serve migrant populations. See 7 CFR § 246.7(b)(2). The local agency should also determine if special outreach efforts should be implemented to reach out and serve this population, like evening WIC clinic hours or mobile certification services at migrant camps.** This decision should be based on migrant outreach efforts and consultation with organizations serving **Migrant Farm Workers** as well as other migrant activities in the service area. Special outreach and referral efforts implemented by a local agency to provide access to health services for migrants and their families should be documented.

E. Reporting and Monitoring

The number of migrants participating in the Georgia WIC Program is reported on the Racial/Ethnic Participation Report generated by the WIC Automated Data Processing (ADP) Contractor each month. Migrant information on the Turnaround Document (TAD) is completed with a Yes (Y) or No (N). To accurately determine the migrant status of an applicant or a participant, the Interview Script must be used to allow the applicant/participant to self-declare (see Certification Section). If necessary, WIC's definition of a migrant should be explained to the applicant/participant.

Migrant activity is reported monthly on the Migrant Participation Report found on the **Georgia WIC Information System (GWIS), at <https://www.gwisnet.com>.** The State Agency is responsible for monitoring migrant services provided by local agencies. Migrant activities will be monitored according to the procedures outlined in the Monitoring Section of the Georgia WIC Program Procedures Manual. Local agencies with significant migrant populations, as outlined in the Monitoring Section, must conduct migrant specific outreach.

III. INDIVIDUALS RESIDING IN NON-TRADITIONAL HOUSING OR INSTITUTIONS

Local agencies must continue to serve and enroll eligible participants and applicants living in non-traditional housing environments. The Georgia WIC Program defines non-traditional housing as living accommodations where individuals or families reside for a particular purpose or need. These accommodations include, but are not limited to, private and public institutions, homeless shelters, temporary housing (including the residence of another person), and special drug rehabilitation homes for pregnant women. Both applicant/participant and non-traditional housing representatives must comply with WIC procedures and policies as outlined in **Section SP-II, C**

Non-traditional housing representatives who provide accommodations for WIC participants must sign an **Assurance Statement (Attachment SP-5)**. The signed copy of this agreement must be on file with the Georgia WIC Program before participants may be served.

A. Definitions

1. **Institution** is any residential accommodation, which provides meals and sleeping accommodations to a special group of people, or a facility designated as a residence for individuals intended to be in a controlled environment. Excluded are private residences and homeless facilities.
2. **Homeless Facility** is a public or private supervised facility, which provides temporary living accommodations and meal services for individuals who lack a fixed and regular night time residence.
3. **Homeless Individual** means a woman, infant or child:
 - a. Who lacks a fixed and regular night time residence.
 - b. Whose primary night time residence is:
 - 1) A supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodations.
 - 2) An institution that provides a temporary residence for individuals intended to be institutionalized.
 - 3) A temporary accommodation of not more than 365 days in the residence of another individual.
 - 4) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
4. **Temporary Housing** refers to a residential facility or home for individuals who have lost their primary place of residence and relocate to a short-term lodging facility in a private or public residence. Individuals in this category include, but are not limited to: battered women and their children in temporary shelters; homeless persons; pregnant teenagers in group homes; and individuals whose primary residence is lost as the result of a disaster.

B. Services for Applicants or Participants Residing in Temporary Housing

Local Georgia WIC Program clinics are responsible for ensuring accessibility to WIC services for individuals who have lost their primary, or usual, place of residence or who may be residing in temporary housing. Individuals in this category include, but are not limited to: battered women and their children, homeless persons who may be residing in vehicles, parks, hallways, doorsteps, sidewalks, abandoned buildings, temporary shelters, hotels, motels, etc.; pregnant women residing in drug rehabilitation facilities and pregnant teenagers in a group home. Also included are individuals whose primary residence is lost as the result of a disaster (see Emergency Plan Section).

Individuals who reside in temporary housing represent a high-risk population due to their compromised health and nutrition status and high levels of anxiety and stress. Sensitivity should be displayed with these individuals when gathering application and certification information, and WIC procedures should be explained thoroughly. Applicants and participants must be provided services in accordance with the regulations and requirements of the Georgia WIC Program (see Certification Section for Program Policies). However, local agencies should make every effort to certify these applicants immediately, e.g., during the initial clinic visit. Employees of temporary housing facilities may not serve as proxies for the residents.

Local agencies should be flexible when issuing vouchers. If a participant no longer resides in the WIC clinic service area where vouchers were last received, the vouchers should be issued and the participant transferred to the nearest WIC clinic.

Due to the nature of residing in temporary housing, cooking facilities, refrigeration, and acceptable storage areas may not be available. Therefore, special consideration must be given to the issuance of supplemental food packages in order to meet the participant's nutritional needs. The types of supplemental foods prescribed must take into account the cooking and storage facilities available to the participant. The food package should be tailored using alternative food packages or manual vouchers to:

1. Offer smaller amounts of more perishable foods and larger amounts of less perishable foods (amounts not to exceed Federal regulations).
2. Offer canned evaporated milk and/or dry powdered milk.
3. Offer ready-to-feed and/or powdered formula when sanitation or storage is a problem.

Education related to the use and storage of food is very important for WIC participants who reside in temporary residences. The educational information shared with such participants should include the following:

1. A discussion of redeeming vouchers over a four (4) week period.
2. Education of information on food storage and sanitation, when applicable.

C. Meals in Institutions and Temporary Housing

Applicants/participants who reside in institutions or temporary housing that provide meals may participate in the Georgia WIC Program. This includes residing at a permanent or temporary residence such as a homeless shelter, group home, shelter for battered women, rehabilitation facility, etc.

When determining eligibility for participation in the Georgia WIC Program, the institution or temporary housing facility and participant/applicant must adhere to the following requirements:

1. When determining income eligibility and family size of the individual(s), do not include other residents of the institution or the temporary housing facility. The applicant's income is also separate from the general revenues of the institution or facility.
2. The institution or facility must not accrue a financial or in-kind benefit from an individual's or family's participation in WIC. For example, the institution or facility may not transfer WIC foods to its general inventories or reduce the quantity of food provided to WIC participants. See 7 CFR §246.7(m)(i)(A).
3. Food items purchased with WIC vouchers must not be used for communal feedings. WIC foods are supplemental foods intended to enhance the participant's diet and nutritional needs. If WIC foods are used in the communal food supply, the intent of providing supplemental foods to eligible individuals is not fulfilled. See 7 CFR § 246.7(m)(i)(B).
4. No institutional constraints may be placed on the WIC participant's ability to partake of the supplemental food benefit and other WIC-related services and benefits. Participants must have full, free, and direct access to all WIC benefits and services available. See 7 CFR § 246.7(m)(i)(C).

The above conditions have been established to ensure that:

1. Participants, rather than the institution or facility, benefit from the Georgia WIC Program.
2. All eligible persons participate in WIC in the same manner and to the same degree as persons without institutional or facility affiliation. It is vital that adequate documentation regarding these applicants/participants is included in the medical record. This documentation includes, but is not limited to:
 - a. The institution or facility where the applicant/participant resides.
 - b. The above conditions addressed in Section II C. 2, 3, and 4 were discussed and are understood by the applicant/participant.
 - c. The applicant/participant being informed of their rights and obligations, both verbally and in writing.

Accordingly, an **Assurance Statement (Attachment SP-5)** must be completed by the non-traditional housing representative who provides accommodations for WIC participants, and a copy of the signed Statement must be on file with the Georgia WIC Program before participants may be served.

IV. OTHER SPECIAL POPULATIONS

The local agencies must make every effort to alleviate barriers to WIC services for all eligible and potentially eligible individuals during critical times of growth and development. Other special population groups that the Georgia WIC Program seeks to serve include, but are not limited to, individuals who may experience barriers to WIC services due to physical conditions, language, vision and hearing impairment, and cultural differences.

A. Definitions

The following definitions define groups identified in this section as other special population groups:

1. **Hearing Impaired** refers to a person who cannot hear or has limited ability to hear.
2. **Multilingual** means the person speaks two or more languages fluently.
3. **Native American** is used to designate an American Indian or original inhabitant of America.
4. **Non-English Speaking** refers to an individual whose primary language is not English or an individual who speaks little or no English.
5. **Vision Impaired** refers to an individual with limited ability or the inability to see.
6. **Refugee** refers to someone who flees his or her country to another country to seek protection or relief from persecution because of race, religion, nationality, their political opinion, or membership in a social group.

B. Limited English Proficient (LEP) Population

Individuals whose primary language is not English, and who do not read or speak English well enough to have access to WIC services and benefits provided in local clinics, may be considered members of the Limited English Proficient (LEP) population. The local agencies are responsible for ensuring that LEP applicants and participants are provided with meaningful access to WIC benefits and WIC-related services, which may include hiring multilingual staff and utilizing interpretive resources that are available to serve LEP participants/applicants (see Attachment SP-4).

In areas where a significant number or proportion of the eligible WIC population are of limited English proficiency, local agencies must perform outreach activities to ensure that eligible members of such populations are informed of and participate in WIC. See 7

CFR § 246.8(c). Local agencies should also coordinate their outreach efforts with other agencies and community organizations that serve LEP persons. A variety of nutrition education and breastfeeding materials should also be available in Spanish through the Nutrition Services Unit, as well as in other languages based upon the size and concentration of those populations in the local agencies' respective service areas. See 7 CFR § 246.11(c)(3).

It is the responsibility of the Georgia WIC Program to provide interpreters for WIC applicants and participants. **WIC applicants or participants will not be denied WIC services or benefits because they did not bring an interpreter to their appointment.** Local agencies are encouraged to hire multilingual staff to provide translation/interpretive services. Additionally, interpreter services are available through the Georgia Department of Public Health through providers under the State-wide contract (see Attachment SP-4), and limited language interpretation through the Department of Public Health's State Refugee Health Program (See Section III.F., "Resource and Educational Material Development and Acquisition"). **The cost associated with the provision of interpretive services and translation services for outreach and educational materials is an allowable nutrition services and administration (NSA) cost for local agencies. See 7 CFR § 246.14(c)(5).** Local agencies may contract with translators or interpreters not listed in the State-wide contract, as needed.

The local agency staff must inform a WIC applicant or participant of the availability of a qualified or certified interpreter at no cost, so that he or she may make an informed decision to access interpretative services. An applicant or a participant may choose to bring his or her own interpreter, such as a family member or friend, who may not be a qualified or certified interpreter to attend the WIC appointment. If an applicant or participant decides not to access the free interpretive services, opting to use another service provider (the expense for which is the participant's responsibility), or decides to use a family member or friend in lieu of an interpreter, the applicant or participant must sign a "Client Waiver of Rights to Free Interpreter Services" form (see Attachment SP-7). A copy of the signed "Client Waiver of Rights to Free interpreter Services" must be placed in the participant's file. The interpreter who accompanies a participant must also sign the "Client Waiver of Rights to Free Interpreter Services" form (see Attachment SP-7). A copy of the signed waiver along with documentation of the actions taken must be retained in the applicant's or participant's record.

The local agency must post the Notice of Free Interpretation Services sign (see Attachment SP-6) in the waiting room, front office, or voucher issuance area for WIC applicants and participants. The purpose of the sign is to indicate to the applicant that, upon request, WIC services are available in other languages at no charge to them. The display of the Notice of Free Interpretation Services sign will be monitored during Program Review and self-reviews.

C. Refugees

A refugee is someone who flees his or her country due to persecution or a well-founded fear of persecution because of race, religion, nationality, political opinion, or membership in a social group. Documented and undocumented aliens are eligible to apply for WIC on the same basis as United States citizens. Therefore, all existing and special outreach

efforts must be implemented and interpretive services offered (see Section IV.B., Limited English Proficient (LEP) Population) to ensure that this population is extended access to WIC benefits and WIC-related services. Outreach efforts should include the development of a referral network to include programs housed in the local health department, religious organizations, and other organizations that work with and provide services to this population in the local agency's service area. A listing of all of the Migrant Head Start locations in Georgia is attached as Attachment SP-3.

The providers under the State-wide contract provide translation and interpretive services in a number of languages. Additionally, limited language interpretation services are available through the State Refugee Health Program. Local agencies may contract with translators or interpreters as needed. The provision of interpretive services is free to the refugee population. Local agencies may contract with another provider for interpretive services. The cost associated with the provision of this service is an allowable nutrition services and administration (NSA) cost. See 7 CFR § 246.14(c)(5).

The Department of Public Health's Refugee Health Program assists refugees with accessing health care by making appointments, arranging transportation, and providing interpretive services at appointments. The Refugee Health Program can provide interpretation and translation services in the following languages: Burmese/Karen, Bhutanese/Nepali, Somali, and Arabic. For more information on the Department's Refugee Health Program, you can visit the website for details and updates at <https://dph.georgia.gov/refugee-health-program>.

D. Native Americans

The Georgia WIC Program should make every effort to locate and enroll all eligible Native Americans residing within a local agency service area, including the provision of on-site WIC services at Indian Health Services facilities. See 7 CFR 246.7(b)(2).

E. Persons with Disabilities

The Georgia WIC Program is required to make services accessible to individuals covered by the Americans with Disabilities Act. Local agencies are responsible for ensuring that individuals with disabilities are accommodated when accessing WIC services in their clinics. All facilities where WIC and WIC-related services are provided must be physically accessible from the outside as well as on the inside. The local agencies are required to provide capabilities for communicating with vision and hearing impaired participants and applicants. Interpreters for the hearing impaired are available through the State Rehabilitation Program (see Attachment SP-4).

F. Resource and Educational Materials Development and acquisition for Low Literacy and Limited English Proficient Populations

Nutrition education materials, breastfeeding materials, and other outreach materials and resources that are developed or acquired by the State Agency and local agencies must be evaluated for their readability and literacy level. Further, reasonable efforts must be made to produce such materials to meet the language needs of the populations served.

When determining what languages, other than English, materials need to be translated into, the State Agency and local agencies must consider the “significant number or proportion of the [WIC-eligible] population that needs the information in a language other than English, considering the size and concentration of such population and, where possible, the reading level of participants.” See 7 CFR § 246.11(c)(3).

If there is a need for materials in other languages, the local agency should contact the Georgia WIC Program or the Nutrition Operations Manager for assistance. The Refugee Health Program has developed and compiled a library of translated health education materials. These materials are distributed, upon request, to organizations and individuals.

All materials developed and acquired will be assessed as part of a local agency’s scheduled Program Review.

V. REFERRAL AND OUTREACH TO SPECIAL POPULATIONS

Local agencies must develop a network for coordinating activities with local organizations and persons serving and providing resources to special population groups. Local agencies should periodically provide the Georgia WIC Program with a list of the organizations and resources available in their respective local service areas. Using the updated information provided by the local agencies, the State WIC office will compile a Statewide listing of organizations serving migrants and other special populations (see Attachments SP-1, SP-2, and SP-3).

Federal regulation, 7 CFR § 246.7(b) requires that the State and local agencies provide service referrals to participants or their designated proxies and information on other health-related and public assistance programs when appropriate. Local agencies should also coordinate with other agencies that offer such services to individuals and families who may be eligible for WIC. For individuals and families who reside in non-traditional housing, temporary housing, and institutions, local agencies must provide referrals to the appropriate local health and human service agencies, including, but not limited to the following services and programs:

1. Temporary Assistance for Needy Families (TANF) and client assistance services
2. Food pantries and meal programs
3. Local shelters
4. Supplemental Nutrition Assistance program (SNAP)
5. Legal services

Other pertinent outreach and referral procedures may be found in the Outreach Section of the Georgia WIC Program Procedures Manual

ATTACHMENTS

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SP-1 Georgia Farmworker Health Program

Georgia Farmworker Health Program

Tiffany Hardin, Director
 Migrant Health, Homeless & Special Projects
 502 Seventh Street South, Cordele, Georgia 31015-1443
 Ph: 229-401-3057 • Fax: 229-401-3077 or 229-401-3084
 Email: thardin@dch.ga.gov

Georgia Farmworker Health Program (GFHP)

The Georgia Farmworker Health Program (GFHP) was created to improve the general health status of Georgia's migrant and seasonal farmworkers (MSFWs) and their families by:

- Providing cost effective, culturally appropriate primary health care
- Arranging for other levels of health care through collaboration and advocacy
- Working collaboratively with local organizations and groups

GFHP provides primary health care services for 21 rural counties at six sites:

Site	Designated Affiliate/Locale	Counties Served
Bainbridge, Decatur County	Decatur County Health Department	Decatur, Grady, Mitchell, Seminole, Thomas
Pearson, Atkinson County	South Central Primary Care Clinic	Atkinson, Coffee
Ellaville, Schley County	Ellaville Primary Medical Clinic	Crisp, Macon, Schley, Sumter, Taylor
Ellenton, Colquitt County	Ellenton Clinic	Brooks, Colquitt, Cook, Tift
Reidsville, Tattnall County	East Georgia health care Center	Candler, Tattnall, Toombs
Lake Park, Lowndes County	Migrant Farmworker Clinic LLC	Echols, Lowndes

SP-2 Telamon Corporation (Migrant and Seasonal Farmworker Association, Inc.)

TELAMON
(Migrant and Seasonal Farmworker Association, Inc.)

State of Georgia Main office

Yolanda Rolison, Director

230 Northside Crossing

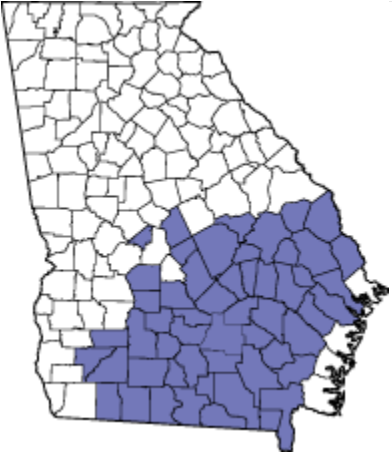
Macon, GA 31210

478-238-0575 (office)

478-750-7375 (fax)

www.telamon.org/georgia-nfjp.aspx

LOCATIONS



- 1303 S. Peterson Ave **Douglas, GA 31533 • (912) 389-4931**
- 120 Liberty Avenue, **Lyons, GA 30436 • (912) 526-3094**
- 325 S Walnut Street , **Statesboro, GA 30458 • (912) 764-6169**
- 221 South Ashley Street, **Valdosta, GA 31601 • (229) 333-7550**
- 220 North Main Street, **Moultrie, GA 31768 • (229) 891-7147**
- 909 South Main, **Tifton, GA 31794 • (229) 382-3181**

■ Telamon Service Area

CONTACTS:

Workforce Development Specialist 2 Staff:

Myrtice Edwards – for **Lyons, Statesboro and Valdosta**

912-389-4928 (office) or 912-381-4299 (cell)

medwards@telamon.org

Ramona Thurman – for **Douglas, Tifton and Moultrie**

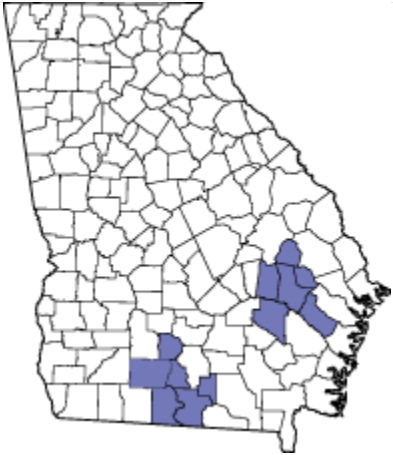
912-389-4931 (office)

rthurman@telamon.org

SP-3 Georgia Migrant Head Start Locations

Georgia Migrant Head Start Locations

www.telamon.org/georgia-head-start.aspx



- 111 Oliver Lane, **Glennville, GA 30427** • (912) 654-2182
- 684 North Washington Street, **Lyons, GA 30436** • (912)526-9556
- 133 Serena Drive, **Norman Park, GA 31771 (229)769-3627**
- 1303 S. Peterson Ave. **Douglas, GA 31533** • (912) 389-4931
- 221 South Ashley Street, **Valdosta, GA 31601** *(229)333-7550

■ Telamon Service Area

Migrant and Seasonal Head Start Eligibility

- Age: 0-5 years old
- Income: Low income, must qualify based on income guidelines
- Agriculture: Primary source of family income must come from qualifying agricultural activities
- Mobility: To qualify as a migrant farmworker, the family must have relocated for the purposes of engaging in agricultural work in the last 24 months. This does not apply to seasonal farmworkers.

CONTACTS:

<p>Crystal White, Director 684 N. Washington Street Lyons, GA 30445 912-526-9556 (office) 912-526-3424 (fax) cwhite@telamon.org</p>	<p>Paulette Burnside, Director 111 Oliver Lane Glennville, GA 30427 912-386-1163 (office) 912-335-5026 (fax) pburnside@telamon.org</p>	<p>Thornesia McCullough, Director 133 Serena Drive Norman Park, GA 31771 229-316-9081 (office) 229-769-3182 (fax) tmccullough@telamon.org</p>
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SP-4 Translation Interpretative Services



Sonny Perdue
GOVERNOR

Department of
Administrative Services
Customer Focused, Performance Driven

Brad Douglas
COMMISSIONER

State of Georgia announces new Statewide Translation (Interpretative) Services Contract

The Georgia Department of Administrative Services, State Purchasing Division, has established a new statewide **Translation (Interpretative) Services** contract with the following suppliers:

Person-to-Person Translation (Interpretative) Service Suppliers	Person-to-Phone Translation Service (Interpretative) Supplier
0003 - LATN, Inc. - 1.800.943.5286	0004 - Language Line Services - 1.800.316.5493
0001-Interpreters Unlimited - 1.800.726.9891	
Written Translation (Interpretative) ServiceSuppliers	Voice-Over Response Translation (Interpretative) Service Supplier
0003 - LATN, Inc. - 1.800.943.5286	0003 - LATN, Inc. - 1.800.943.5286
0002 - Carmazzi, Inc. - 1.888.452.6543	0004 - Language Line Services - 1.800.316.5493

This is a **mandatory** contract for all State of Georgia governmental entities subject to the State Purchasing Act. The contract is also available on a convenience basis to other Governmental Entities such as state authorities, local governments, municipalities, cities, townships, counties and other political subdivisions of the State of Georgia.

Statewide Contract Details:

What is the Contract Number?	Contract #s: 99999-SPD-S20100701-001 99999-SPD-S20100701-002 99999-SPD-S20100701-003 99999-SPD-S20100701-004
Is this a Renewal?	No
Does it Replace an Existing Contract?	Yes
What is the Contract Term?	Initial plus Four (4) Renewals
What is the Expiration Date?	06-30-2016
Does it Allow the Use of the P-Card?	Yes
Who is the person to Contact with Questions?	Contact's Name: Trudie E. Carmichael Contact's Email Address: TCarmich@doas.ga.gov Contact's Phone Number: 404-657-6879

Key benefits of the contract include:

- Lower pricing
- Ability to conduct business in varying languages
- 24-hour statewide accessibiity
- Ability to pay using Agency P-Card

The contract is available for use through the State Purchasing Statewide Contract Index Listing under **Translation (Interpretative) Services**

http://ssl.doas.state.ga.us/PRSapp/PR_StateWide_contract_list_alpha.jsp

SP-5 Assurance Statement

ASSURANCE STATEMENT

As noted in 7 CFR § 246.7(m)(i)(A)-(C) regarding a non-traditional housing facility utilized by participants in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC),

(Name of shelter/facility)

...assures the Georgia WIC Program that it will adhere to the following conditions:

1. **The facility will not accrue financial or in-kind benefits from resident’s participating in WIC.** For example, the facility may not transfer WIC foods to its own general inventories or reduce the quantity of food that would have otherwise been provided to the WIC participant.
2. **Food items purchased by the Georgia WIC Program will not be used in communal feedings.** WIC provides specific supplemental food intended to meet the individual needs of participants in crucial stages of growth and development. If WIC foods were used in communal feedings, they would not enhance the WIC participant’s diet to the degree intended.
3. **The facility places no constraints on the ability of the WIC participant to partake of supplemental foods and all associated WIC services made available to participants by the local WIC agency.** The participant must be given free, full, and direct access to all the Georgia WIC Program benefits such as is available to participants not associated with an institution.

The Georgia WIC Program, or the local WIC agency, may at its discretion make site visits to monitor compliance to the above conditions and/or investigate complaints.

The “Assurance Statement” will remain on file in the Georgia WIC Program until such time as the shelter/facility notifies the Georgia WIC Program that it no longer wishes to participate according to the ascribed conditions and/or it is determined by the Georgia WIC Program that the agency is not in compliance.

The undersigned agrees to the conditions stated and declares that he/she is the duly authorized representative of the named shelter/facility, and as such, is authorized to enter into the agreement:

(Name of shelter/facility)

(Street address or P.O. Box)

(City, State, Zip County)

(Area code-telephone number)

(Hours of telephone coverage am to pm)

Print Name of (Authorized Representative)

Signature of (Authorized Representative)

Title Date

Please return completed and signed statement to:
 Georgia WIC Program
 Georgia Department of Public Health
 Two Peachtree Street, NW
 10th Floor, Suite 10-476
 Atlanta GA 30303

SP-5 Assurance Statement

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

SP-6 Notice of Free Interpretation Services



NOTICE OF FREE INTERPRETATION SERVICES

Free services are required by Title VI of the Civil Rights Act of 1964, 42 U.S.C Sec. 2000.et.seq., Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

English	Free Interpretation Services are available. Please ask at the front desk for assistance.
Arabic عربي	الأمخدمات الترجمة الفورية متاحة، ويرجى التوجه إلى مكتب الاستقبال للمساعدة في هذا
Amharic አማርኛ	በነጻ አስተርጓሚ ይመደብልዎታል. እባክዎን በመቀበያው ዴስክ ላይ ያሉትን ግለሰብ ይጠይቁ.
Chinese 中文	我們提供免費的口譯服務。 請詢問前臺。
French Français	Nous offrons des services gratuits en interprétation. Pour obtenir de l'aide veuillez vous rendre à la réception.
German Deutsch	Kostenloser Dolmetscherservice verfügbar. Informationen erhalten Sie am Counter.
Gujarathi ગુજરાતી	અનુવાદક ની સેવા અહીં મફત માં આપવામા આવે છે. સ્વાગત-કક્ષ માં કોઈ કને પૂછવા વિનંતી
Hindi हिन्दी	अनुवादक की सेवा यहाँ मुफ्त में मिल सकती है। कृपया अगली मेज पर किसीसे पुछिये।
Japanese 日本語	無料通訳サービスのご利用が可能です。ご依頼の際は、受付までどうぞ。
Korean 한국어	무료 통역 서비스가 제공됩니다. 안내 데스크에 문의하십시오.
Oromo Afaan Oromoo	Hikkaa afaanii (Turjumaana) kafaltii malee argattu. Yoo turjumaana barbaaddan bakka seennaa duraattii gargaarsa gaafadhaa.
Russian Русский	Мы предоставляем услуги переводчика бесплатно. Попроси об этом в приемной.
Spanish Español	Hay servicios gratis de interpretación disponibles. Por favor solicítele ayuda a la recepcionista.
Somali	Waxaad Heli Kartaa Turjubaan lacag la'aan ah. Fadlan tag miiska hore si lagu caawiyo
Swahili	Huduma ya mfasiri wa bure inapatikana hapa. Tafadhali eanda kwa deski ya mbele ili upate usaidizi.
Vietnamese Tiếng Việt	Dịch vụ thông dịch viên miễn phí. Để được hỗ trợ, vui lòng liên hệ bàn tiếp tân.

SP-7 Waiver of Rights to Free Interpreter Services

GEORGIA DEPARTMENT OF PUBLIC HEALTH
WAIVER OF RIGHTS TO FREE INTERPRETER SERVICES

Free interpreter services are available through agencies or programs of the Georgia Department of Public Health (DPH). DPH will call an interpreter after identifying the primary language in which you are able to communicate. You are entitled to bring your own interpreter. However, DPH, or its representative agencies, will not authorize payment for interpreter services that are not secured or approved by DPH.

I, _____, have been informed of my right to receive free interpretive
(Client Name)
 service from _____. I understand that I am entitled to
(Agency or Program)
 interpreter services at no cost to myself or to other family members, but do not wish to receive
 DPH's free services at this time. I choose _____ to act as my
(Interpreter's Name)
 interpreter from _____ until _____.
(Start Date) (End Date)
 I understand that I may withdraw this waiver at any time and request the services of an
 interpreter, which will be paid for by _____.
(DPH Agency or Program)

To the best of my knowledge, the person I am using to act as my own interpreter is over the age of 18. I understand that this waiver pertains to interpreter services only and does not entitle my interpreter to act as my Authorized Representative. I also understand that the service agency may secure a qualified or certified interpreter to observe the interpreter of my choice during the interpreting session to ensure the accuracy of the communication and follow-up instructions.

The interpreter indicated below orally translated this form to me.

(Client's Signature)	(Date)
(Interpreter's Signature)	(Interpreter Printed or Typed Name)(Date)
(Staff Person's Signature)	(Date)

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 Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).
 USDA is an equal opportunity provider and employer."

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I. GENERAL

Outreach activities are those promotional efforts designed to encourage and/or increase participation in the Georgia WIC Program. The purpose of outreach is to:

1. Increase public awareness of the benefits of the Georgia WIC Program.
2. Inform potentially eligible persons in order to encourage and promote their participation in WIC.
3. Inform health and social service agencies about WIC eligibility criteria for participation and to encourage referrals.
4. Ensure cooperation and coordination between WIC and other health-related and public assistance programs to benefit WIC applicants and participants.
5. Promote a positive image of the Georgia WIC Program.

Each local agency must conduct outreach and referral activities to coordinate the Georgia WIC Program with other health-related and public assistance programs that can serve potential WIC applicants. The outreach activities conducted must be documented and kept on file for three (3) prior years plus the current year. **A monthly report detailing local outreach activities must be submitted to the Communication and Outreach Liaison by the last day of each month. An annual outreach plan is also required to be submitted to the State Communication and Outreach Liaison, by June 30 of each year for implementation October 1.**

II. METHODS OF OUTREACH

Outreach activities should be aimed directly at potentially eligible persons through the use of informational posters, brochures, displays in public places, presentations at meetings and clubs, and advertisements through local newspapers, radio, or television. **Outreach materials will be developed by the Georgia WIC Communication and Outreach Liaison and provided to local WIC programs and other Georgia Department of Public Health (DPH) programs, for outreach purposes. Only state created or approved outreach materials may be used by the local WIC agency. Outreach materials will be provided in English and Spanish.**

If a local agency serves a significant number of applicants/participants whose primary language is not English, the local agency must make outreach materials available to this population in their language. Additionally, the State and local agencies must contact grass root organizations such as the Latin American Association, the National Association for the Advancement of Colored People (NAACP), or churches to provide outreach information. All outreach materials must include the USDA non-discrimination statement. When space permits, the full non-discrimination statement must be printed as follows:

“The U.S Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in

any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

The shortened non-discrimination statement should be used when space is limited:

“USDA is an equal opportunity provider and employer.”

There are several available sources which can provide information on WIC services. There is a toll-free number, 1-800-228-9173, as well as a website, wic.ga.gov, both of which provide clients, staff and the general public with direct access to the Georgia WIC Program at no cost. These resources are available on printed materials and are provided during radio and television interviews about WIC.

The eighteen (18) Georgia Public Health Districts and one contracted WIC agency are encouraged to communicate regularly with other agencies that also provide services to families. These agencies are inclusive of governmental, quasi-governmental, private not-for-profit organizations, and citizen participation groups.

III. AGENCIES TO CONTACT FOR OUTREACH

State and local agencies shall provide the Georgia WIC Program applicants and participants, or their designated proxies, with information on other health-related and public assistance programs and, when appropriate, shall refer WIC applicants and participants to such programs.

Examples of agencies, offices, and organizations that should be contacted regarding outreach, referral, and coordination of services include:

- 1. Alcohol/Drug Abuse Counseling and Treatment Centers**
- 2. Family Planning Programs**

3. Child Abuse Counseling Centers
4. Physicians, Obstetricians, Pediatricians, Family Practitioners, Nurses and Nurse Practitioners
5. Health and Medical Organizations, Hospitals, Community Centers and Clinics
6. Pharmacies
7. Public Assistance Offices
8. Unemployment Offices
9. Social Service Agencies
10. Religious and Community Organizations
11. Agencies offering services for Homeless Families and Individuals
12. Housing Authorities
13. School-Based Health Clinics
14. Migrant Health Centers, Migrant Offices, Logging, and Agricultural Communities
15. Military Bases
16. Department of Family and Children Services
17. Day Care Centers
18. Charitable Organizations (Goodwill, Salvation Army, etc.)
19. Head Start Programs
20. Department of Labor

IV. PUBLIC NOTIFICATION

Annually the State Agency will notify participants, vendors, advocates, and the general public about the Public Comment Period. Each year the WIC Communication and Outreach Liaison will prepare a news release to notify the general public of the Georgia WIC Program benefits and the solicitation of public comments on WIC operations. The DPH Office of Communications will disseminate the news release to statewide media outlets (newspapers, radio and television stations) listed in the agency's database.

The news release must include the full USDA non-discrimination statement.

V. PUBLIC COMMENT PERIOD

Participant and Vendor Satisfaction Surveys will be used to collect stakeholder feedback that the Georgia WIC program will use to improve, enhance, and maintain provision of quality services. In addition, feedback will also be collected from advocate groups such as physicians, childcare providers, early child development learning centers, and other stakeholder groups to help the Georgia WIC program identify potential participants and establish and secure partnerships and service referrals.

Georgia WIC will begin the Public Comments Process in September, 2015. The Participant Satisfaction Survey will use a multistage random sample of participants to obtain a statewide representative sample of WIC participants. The sampling plan is designed to provide a snapshot of WIC participant satisfaction. The survey population will consist of WIC participants (pregnant, breastfeeding and non-breastfeeding women) and caregivers of WIC participants (infants and children).

The survey will be administered at randomly selected state WIC clinics on randomly selected days over a three month period, usually August through of October, of each year. Every client

entering the selected clinics on designated regular service days during the collection period will receive a survey. Surveys will be available in English and Spanish. The survey will be anonymous, and all results will be aggregated at the state level.

Those participants who wish to participate in focus groups or personal interviews to validate survey findings may indicate this preference on the instrument and provide contact information for follow-up. Again, participants providing qualitative feedback will remain anonymous, and results will be presented at appropriate aggregate levels.

A census of the vendor population will be used to collect feedback. The Georgia WIC vendor population is currently less than 1,500. The small population makes it both feasible and reasonable to allow every vendor the opportunity to provide feedback. To achieve a high response rate, defined as 70% or greater, from vendors, several methods will be employed. Vendors will receive paper surveys via mail with stamped return envelopes. Vendors who do not return a mail survey will be contacted via phone to participate in the survey. Phone surveys will be administered until 70% response rate is achieved. Vendors participating in the Vendor Advisory Forum, who did not participate via mail or phone, will be provided the opportunity to take the survey during a quarterly meeting.

Members of the Georgia WIC Vendor Retail Advisory Council may also be asked to assist with survey administration and/or survey completion. The census of Georgia WIC Vendors will occur during the same timeframe as the Participant Satisfaction Survey is administered. No vendor will be individually identified, and results will be presented at appropriate aggregate levels.

To gather advocate feedback, both quantitative and qualitative methods may be used including surveys, focus groups, and/or key informant interviews. Advocate feedback will also be collected during the same timeframe for participants and vendors.

VI. OUTREACH DURING A WAITING LIST

When a local agency is serving its maximum caseload of WIC participants, the local agency shall maintain a waiting list of individuals who express interest in receiving WIC and are likely to be served.

A. Outreach

The USDA and DPH are fully committed to the principle of integrating WIC, health, and social services while protecting an individual's right to privacy.

B. Coordination with Government Entitlement Program

During the WIC application and certification process, WIC staff refers families as appropriate and collects data on participation in other governmental programs, e.g., Medicaid, Peachcare, SNAP and Temporary Assistance for Needy Families (TANF).

VII. PROGRAM COSTS

Outreach efforts must be consistent with the goals of the WIC program. Costs of promotional efforts designed to encourage and increase participation in the Georgia WIC Program are reimbursable to the local agencies. Outreach efforts must be consistent with the goals of the WIC program. Outreach costs are allowable if costs are considered reasonable and necessary to promote the specific program purposes of outreach.

VIII. COORDINATION/INTEGRATION OF SERVICES

A. Outreach

Integration of WIC services with other health clinic services has been a major thrust for the Georgia WIC Program and the Department of Public Health. All districts have taken positive steps toward decentralization and the corresponding integration of WIC with existing services.

B. WIC/Medicaid Coordination

To date, several measures have been implemented statewide to address the coordination of the Georgia WIC Program and Medicaid Program. As results of these efforts:

1. The WIC Certification process now uses the WEB portal for adjunctive eligibility. The toll free number for the Georgia WIC Program is 1-800-228-9173.
2. The State of Georgia "Right from the Start Medicaid" (RSM) program provides medical assistance to pregnant women, infant and children up to 18 years of age. The toll free number for Georgia Medicaid Program is 1-800-809-7276.

C. WIC Coordination Strategies

Coordination Strategies Handbook – A Guide for WIC and Primary Care Professionals

Development of this handbook was funded through a grant from the Food and Nutrition Service (FNS), U.S. Department of Agriculture, for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). This project was one of a number of activities undertaken in response to the 1994 legislative mandate for enhanced coordination between WIC and health-related services. The legislation, the Healthy Meals for Healthy Americans Act of 1994 (P. L. 103-448), stipulated that the Secretaries of the U.S. Departments of Agriculture and Health and Human Services jointly establish and carry out

initiatives to provide WIC services at substantially more Community and Migrant Health Centers (C/MHCS) (see Attachment OR-1) and improve coordination of WIC services with Indian Health Services (IHS) facilities. This publication can be found online at: fns.usda.gov/wic/resources/strategies.htm

D. WIC Works Resources Center

The WIC Works Resources Center is a USDA-sponsored site in which states share state-developed materials and best practices. This information can be accessed online at: <http://wickworks.nal.usda.gov>

The site consists of:

- **WIC Learning Online** - a series of 18 on-line learning modules designed for all levels of staff working in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- **WIC Database**
- **WIC Sharing Center**
- **WIC Learning Center**
- **WIC Topics A-Z**
- **WIC Talk**

E. Georgia WIC Program Fact Sheet

Why is WIC Important?

Georgia has one of the highest infant mortality rates in the nation. Good **nutrition and regular** prenatal care during pregnancy and preventive healthcare for infants is key to preventing babies from dying or becoming ill.

- Low-income women in Georgia who receive both WIC and Medicaid have a significantly lower infant mortality rate than other low-income women in the State. They are more likely to get prenatal care early in their pregnancy and to seek preventive care, such as immunizations, for their children.
- Every dollar spent on WIC saves up to three dollars in healthcare costs, according to a national study.

Who Gets WIC?

To be certified as eligible for WIC, infants, children, and pregnant, postpartum, and breastfeeding women must meet all of the following eligibility requirements:

- Categorical
- Residential
- Income
- Nutrition Risk

Categorical Requirement

The following individuals are considered categorically eligible for WIC: prenatal women; breastfeeding women for up to one year's time; post-partum women for up to 6 months' time; children ages 1-5 years, and infants ages 0-12 months.

Residential Requirement

Applicants must live in Georgia (**see Attachment OR-2**). Applicants served in areas where WIC is administered by an Indian Tribal Organization (ITO) must meet residency requirements established by the ITO. Applicants are not required to live in the state or local service area for a certain amount of time in order to meet the WIC residency requirement.

Income Requirement

To be eligible for WIC, applicants and re-certifying participants must have income at or below an income level or standard set by the federal agency or be determined automatically income-eligible based on participation in other designated programs, (e.g., Medicaid, SNAP or TANF).

Nutrition Risk Requirement

Applicants must be seen by a health professional, such as a physician, nurse, or nutritionist, who must determine the individual's nutritional risk. This is done in the WIC clinic at no cost to the applicant. In addition, health referral information can be obtained from another health professional, such as the applicant's physician.

"Nutrition risk" means that an individual has medical-based or dietary-based conditions. Examples of medical-based conditions include, but are not limited to, anemia (low blood levels), underweight, or history of poor pregnancy outcomes. A dietary-based condition includes, but is not limited to, inappropriate nutritional practices.

At a minimum, the applicant's height and weight must be measured and blood **may be** taken to check for anemia as part of the eligibility determination. An applicant must have at least one of the medical or nutritional conditions on the State's list of WIC nutrition risk criteria. When no nutritional risks are evident, applicants who are otherwise eligible based on income, residency, identification, and category may be presumed to be at nutritional risk and assigned Risk Code 401 (Other Dietary Risk) *except* for infants who are less than four (4) months of age. Infants less than four (4) months of age cannot use Risk Code 401 to establish their nutritional risk.

Georgia residents wishing to apply for WIC benefits for themselves or their children should contact their local health departments. In Atlanta, WIC applicants may also apply at the Grady Health System.

Income Eligibility Guidelines effective July 1, 2015 to June 30, 2016

Family Size	Yearly Income
1	\$21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each Additional Member Add	+7,696

Length of Participation

WIC is a supplemental food program that provides nutrition education, and referrals to enhance the nutritional and health status of women, infants, and children. A certification period is the length of time for which a WIC participant is determined to be eligible to receive benefits. An eligible individual usually receives WIC benefits from 6 months to a year, at which time she/he must reapply.

Moving

WIC participants who move can continue to receive WIC benefits until their certification period expires, as long as there is proof that the individual received WIC benefits in another area or state. Before a participant moves, they should notify the Georgia WIC Program. In most cases, WIC staff will give the participant an Electronic Verification of Certification or Verification of Certification (VOC) Card, which enables the participant to continue receiving benefits at a new location. When the individual moves, they can call the WIC office in their new area or location for an appointment and take the EVOC or VOC card to the WIC appointment for benefits.

Waiting List / Priority System

Sometimes WIC agencies do not have enough money to serve everyone who needs WIC or wishes to apply. When this happens, WIC agencies must keep a list, called a waiting list, of individuals who want to apply and are likely to be served. WIC agencies then use a special system, called a Priority System, to determine who will first get WIC benefits when more participants can be served. The purpose of the Priority System is to make sure that WIC services and benefits are provided first to participants with the most serious health conditions, such as low hemoglobin/hematocrit, underweight, breastfeeding women, or women with problems during pregnancy. WIC participants who move from one area of the state to another are placed at the top of a waiting list when they move and are served first when the WIC agency can serve more individuals.

ATTACHMENTS

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OR-1: Georgia Farm Worker Health Program Migrant Clinic Sites

<i>Project Site & Address</i>	<i>Project Coordinator</i>	<i>Contact Information</i>
Decatur County Health Department 928 West Street PO Box 417 Bainbridge, Georgia 39818	Sherry Hutchins, RN, Director	Tel: 229-248-3055 Fax: 229-248-3010 sherry.hutchins@dph.ga.gov
Ellenton Clinic 185 Baker Street PO Box 312 Ellenton, Georgia 31747	Cheryl Kicklighter	Tel: 229-324-2845 Fax: 229-324-3383 Cheryl.kicklighter@dph.ga.gov

OR-2: District Map

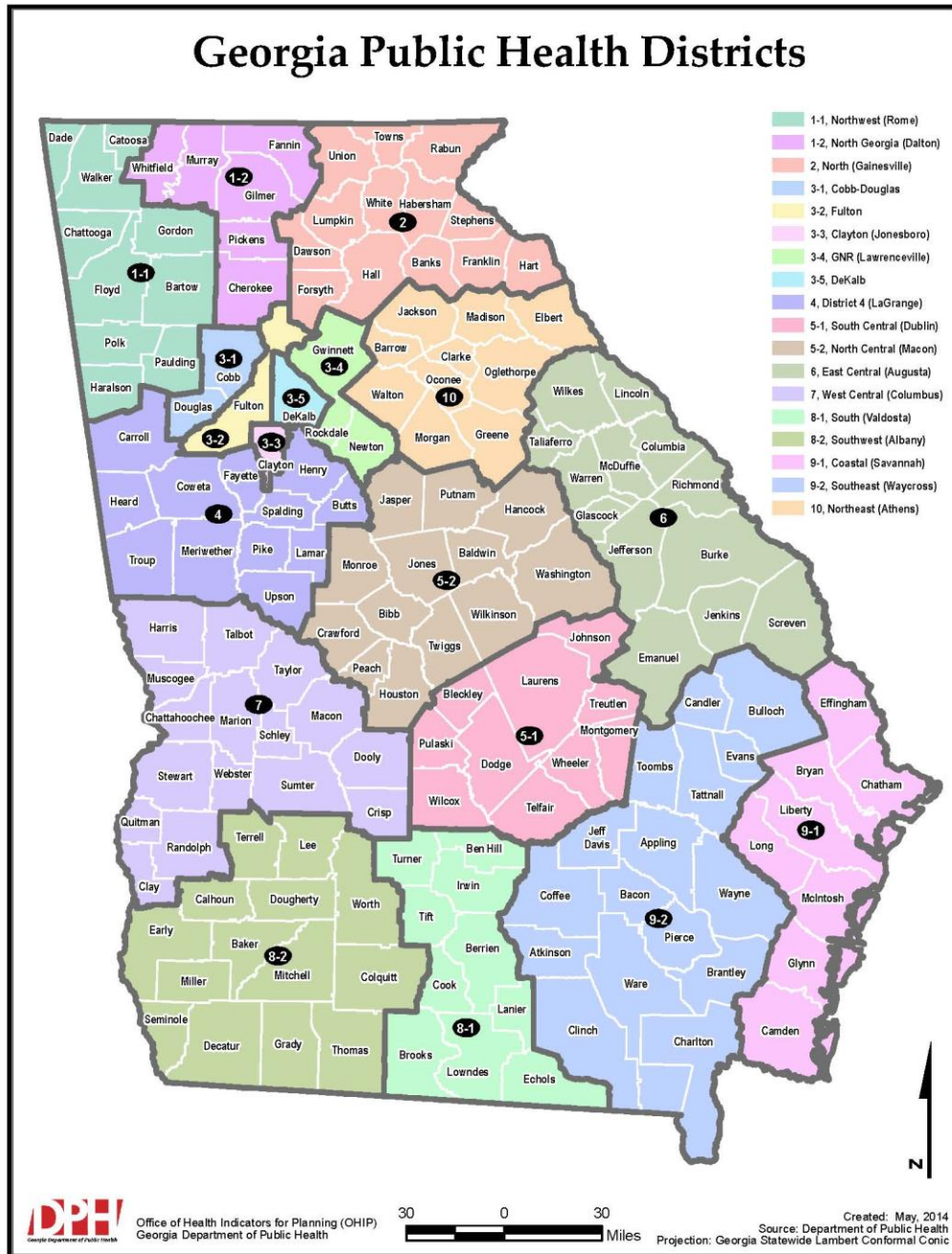


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I. General

The Georgia WIC Program uses a uniform retail food delivery system. Participants are issued Food Instruments (FI) in the form of vouchers, which are redeemed at authorized vendors for WIC foods. Clinics issue vouchers to participants, or their **alternates**, on a one, two, or three-month interval. Georgia has a fully automated food delivery and management information system. The Georgia WIC Program contracts with a third party data processing firm, Computer Science Corporation (CSC). CSC maintains the participant master file, produces a wide range of monthly and quarterly reports, and performs reconciliation of all issued food instruments. Local agencies **must** electronically transmit WIC voucher issuance records to CSC daily.

Participants redeem the vouchers for specified types and quantities of foods at authorized vendors. Vendors deposit redeemed vouchers into their local bank accounts, just as they would any other check. The vouchers proceed through the banking system to a central clearing bank, where they are edited for missing or invalid information. Vouchers that are not paid are returned to the bank of first deposit and the vendor's account is reduced by the value of the vouchers. Vendors may request payment for returned vouchers by submitting them along with a completed Returned Voucher Payment log to the Georgia WIC Program. Vouchers paid, but flagged as suspect, are investigated by the state agency.

In February 2008, the Georgia WIC Program initiated the mandatory Automated Clearing House (ACH) process for making payments for vouchers presented with a requested value over the maximum allowable cost. When such a voucher reaches the bank, it will be paid at a rate equal to the average for the vendor's peer group. While those vouchers must still be returned to the bank of first deposit and a return check fee imposed, ACH greatly reduces the time and expense involved in paying over the maximum rejected vouchers.

CSC reconciles individually issued and redeemed vouchers as required by federal regulations and maintains a voucher master file that tracks the status of all vouchers. CSC also produces participation, financial, vendor, and other management reports at regular intervals for use by state and local agencies.

The Georgia WIC Program currently utilizes four (4) front-end clinic systems as well as CSC for data processing and voucher reconciliation.

The systems used by local agencies to produce FI's as well as to complete all participant transactions are:

- **Aegis:** State-developed system designed to meet requirements of Y2K. Only front-end system authorized by FNS. Serves: Dublin (D/U 05-1); Valdosta (D/U 08-1) and contracted agency at Grady Hospital (D/U 12-0)
- **Mitchell & McCormick:** Contractor currently operating in the following areas: Rome (D/U 01-1); Dalton (D/U 01-2); Gainesville (D/U 02-0); Cobb/Douglas (D/U 03-1); Fulton County (D/U 03-2); Clayton County (D/U 03-3); Gwinnett/Newton/Rockdale (D/U 03-4); LaGrange (D/U 04-0); Macon (D/U 05-2); Augusta (D/U 06-0); Columbus (D/U 07-0); Albany (D/U 08-2); Coastal Health (D/U 09-1); and Waycross (D/U 09-2)

- **Insight:** Developed by NetSmart. Serves DeKalb County (D/U 03-5).
- **HealthNet2 (HN2):** Developed by Athens district (D/U 10-0).

The state-contracted data processor, CSC, also has the capability to produce vouchers for local agencies in an emergency situation.

Each local agency producing Food Instruments is responsible for ensuring that data is backed up on a daily basis. Most systems are automated to perform this function at a specified time after normal work hours. For local agencies, the IT Directors and/or Clinic supervisors are tasked with ensuring backups are performed.

CSC has a sub-contract with Iron Mountain to perform backup and off-site storage of Georgia WIC data.

Local agencies are required to submit written confirmation to the state office that their clinical systems adhere to the provisions of the Functional Requirements document (FReD) as well as the WIC Systems Edits Manual/Data dictionary. Additionally, all WIC Clinical systems are required to submit an electronic copy of the most recent User Manual for their system along with a detailed security plan for their system, including the name and contact information for the person responsible for the plan.

Manuals and security plans are to be updated and provided to the state office as needed.

Security reviews for computer systems, including backup of data, physical security of equipment, data integrity and security of users are a part of the bi-annual program review conducted by the Systems Information Section.

II. Types of WIC Vouchers

A. Voucher Management and Reporting System (VMARS)

Voucher Management and Reporting System (VMARS) vouchers will be used in the same manner as VPOD vouchers with the exception of receiving serial numbers from the ADP contractor. The ADP contractor will be responsible for printing the vouchers and maintaining the serial numbers for each clinic. There will not be an inventory log used with VMARS vouchers. The receipts generated from printing these vouchers are maintained by the clinic and must be reconciled with the Daily Activity Report.

B. Blank Manual Vouchers

Blank Manual Vouchers may be issued in cases when automated systems are inoperable or otherwise unavailable. These vouchers may be completed for:

1. New or transferring WIC participants;
2. To replace voided computer printed vouchers;
3. To adjust a food package in the event of late pick up by a participant;
4. To supplement the preprinted manual voucher food package (see Section V., *Manual Vouchers* for procedures). The district/unit/clinic identification number is preprinted on blank manual vouchers (**see Attachment FD-2 and FD-16**). These vouchers must be stored in a secure location and must be logged in the Manual Inventory Log within three (3) days of receipt (**see Attachment FD-8**).

There are eight (8) types of Standard Manual Vouchers and two (2) types of Blank Manual Vouchers that may be issued to WIC participants:

C. Preprinted Standard Manual Vouchers

Standard Manual Vouchers are produced by CSC Covansys in separated sets of eight (8) food package types. These vouchers contain a preprinted standard food package (**see Attachment FD-1**). Standard manual voucher sets must not be broken to issue single vouchers. Use a blank manual voucher(s) when a partial food package needs to be issued. These vouchers must be stored in a secured location and must be logged in the Manual Inventory Log within three (3) days of receipt (**see Attachment FD-8**). The five types of food packages are:

1. Infants (Food Package A17, B17, D17).
2. Pregnant and Mostly Breastfeeding Women (Food Package W08).
3. Postpartum, Non-Breastfeeding Women (Food Package W28).
4. Children (Food Package C01, C28).
5. Exclusively Breastfeeding Women and Prenatal Women Pregnant with Multiples (Food Package W41).

Clinics must keep an adequate supply of all Manual Voucher sets. Hospital sites must maintain a one-month supply of blank manual voucher sets.

D. Vegetable and Fruit Voucher

Cash Value Vouchers may be redeemed for fresh, frozen, or canned vegetables and fruit. A child or woman participant will receive a Vegetable and Fruit Voucher in the amount of **\$8, \$11, or \$16.50**. If the purchase amount exceeds the amount of the CVV voucher, the participant will be allowed to use cash or other accepted forms of payment to make up the difference.

E. Georgia's Farmers Market Nutrition Program (GFMNP)

GFMNP checks are printed in the WIC clinic and issued to participants to allow them to purchase fresh fruit and vegetables from participating Farmers Markets. Coupons Printed On Demand (CPOD) differs from Cash Value/Vegetable and Fruit Vouchers in appearance, value, and redemption process (**see Attachment FD-4**). CPOD checks may only be redeemed during the GFMNP season, which runs from approximately June to September of each year. They may not be used in grocery stores.

F. Senior Farmers Market Nutrition Program (SFMNP)

SFMNP checks are either printed at the WIC clinic or may be pre-printed depending on the clinic's situation (**see Attachment FD-5**). SFMNP checks are issued to Senior Citizens over the age of 60 years. This Program is run jointly with the Georgia Department of Aging.

III. Voucher Issuance – General

A. Valid Certification Period

Vouchers may only be issued to participants who are within a valid certification period.

Valid Certification Periods	
Category	Valid Certification Period
Pregnant	From the date of certification until six (6) weeks after delivery
Post-Partum	From the actual date of delivery until six (6) months after delivery
Breastfeeding	From the date of certification until the infant's First (1st) birthday or breastfeeding is discontinued (a mid-assessment must be completed at six (6) months)
Children	From the date of certification then every year until five (5) years of age (a half-certification must be completed every six (6) months)
Infants (< six (6) months)	From the date of certification until First (1st) birthday
Infants (≥ six (6) months)	For a six month period starting from the date of certification.

Vouchers must not be issued past the end of the certification period. The issuance period is twelve (12) months of vouchers for women and children and up to twelve (12) months of vouchers for infants. For example, if a participant is certified on January 15 and receives a 3b pickup code (see Edit's Manual for pick-up codes, Field 58), he/she is entitled to receive vouchers through the month of December because he/she has received twelve (12) months of vouchers, January through December. An issuance month is defined by vouchers having been issued to a participant during the month regardless of the number of vouchers. Children and Breast-feeding women must receive mid-assessments at six (6) months intervals.

Postpartum women who are due for recertification must not be over issued vouchers. Over Issuance occurs when women are issued vouchers during the prenatal period for **forty-five day** increments beyond their date of delivery. When participants are subsequently recertified as a postpartum woman, vouchers must not be issued for the postpartum period without first checking the last voucher issuance date. Retrieved vouchers must be voided in the system, stamped void, **and filed with the voucher receipt. Voided vouchers must not be sent to CSC for processing.** Women must not be issued two sets of vouchers for the same month. This will prevent the woman from being over issued vouchers during the postpartum period.

B. Identification of Person Picking Up Vouchers

ID cards must be checked for signatures of participants/**alternates** (see Attachment FD-9):

The **alternate**/authorized representative must also present acceptable form of identification and the WIC ID Card to verify that he/she is the person authorized by the participant to pick up vouchers. (See Edits Manual, Table 31 for proof of identification.)

If a participant/parent/guardian/caregiver does not possess, or has lost his/her WIC ID card, other identification may be accepted as verification and a new ID card issued.

An **alternate** may be issued a WIC ID Card.

An **alternate** must be at least 16 years old.

If a child is placed in foster care, the foster parent must bring in guardianship papers from DFACS to confirm the child has been placed in their care before a new WIC ID card or vouchers can be issued. **If the foster parent has not received the documentation from DFACS, issue one month of vouchers until the information is submitted by the foster parent. If a caregiver comes in to request vouchers for an infant or child without documentation, have the caregiver to sign the Caregivers Statement of Change Form (see Rights and Obligation section)** (See Edits Manual, Table 33 for proof of identification for Parent/Guardian/Caregiver.)

Documentation of ID for Voucher Pickup

Document the types of ID presented by the person picking up the vouchers, not the ID of the participant for whom the vouchers were issued.

1. Voucher Management and Report System (VMARS) Vouchers - Document the proof code on the voucher receipt under the user's ID.
2. Manual Vouchers - Document the proof code on the manual voucher under the **date the vendor must deposit by on WIC clinic copy only.**

C. Corrections

Vouchers must not be corrected or altered. If an error is made during issuance, the voucher(s) must be voided. **Correction fluid ("white-out") must not be used on vouchers for any reason.**

D. Issuance

Local agencies have the option to issue vouchers to participants at a one, two, or three-month interval. With the two or three - month issuance, WIC clinic staff must explain to participants not to use vouchers prior to the "First Day to Use" date on the vouchers.

Local agencies are strongly encouraged to issue one month of benefits to:

- a. Pregnant women enrolled in their third trimester
- b. Foster children who are not in a stable foster situation
- c. Infants or children receiving formula for medical conditions
- d. Participants who receive the homeless package
- e. Participants who plan to relocate

E. Categorically Ineligible

“Categorically ineligible” refers to the period of time a WIC client is no longer in a valid certification period and, therefore, is not eligible to receive WIC benefits. Participants who are categorically ineligible are postpartum women at six months postpartum, children who have reached their fifth (5th) birthday and breastfeeding women who stop breastfeeding and are greater than or equal to six (≥ 6) months postpartum or up to 12 months postpartum.

Benefit issuance periods are measured by month, one week at a time, starting with the first date of certification and ending with the last date of eligibility, i.e., the termination date. If the termination date occurs before a full week ends, the participant is eligible for benefits for that entire week. For example: If a participant is eligible for vouchers for one or more days within the week, the participants should receive vouchers for that entire week.

When a participant becomes categorically ineligible before the end of the month, they will only receive vouchers up to the categorical term date. For example, if a participant’s category term date is January 15 and his/her pick-up is January 2, the participant will only receive two vouchers plus the produce/fruit vegetable voucher. If the participant’s pick-up date is after the categorical term date, the participant will receive no vouchers. Vouchers must not be issued past the date of categorical eligibility. The categorical ineligible message will appear on the voucher receipt for the last set of vouchers one month prior to the termination date.

Category	Categorical Eligibility	Last Voucher Issuance
Postpartum Non-Breastfeeding Women	Six (6) months postpartum from delivery date	Up to week that includes the categorical termination date.
Mostly and Exclusively Breastfeeding Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Up to week that includes the categorical termination date.
Some Breastfeeding (SBF) Women	Twelve (12) months postpartum or greater than six (6) months postpartum if breastfeeding stops.	Receives a SBF Woman food package up to the week that she becomes 6 months postpartum. Then she receives a tracking food package (CPA FPC W80) without foods up to the week she becomes 12 months postpartum.
Children	Fifth (5) Birthday	Up to week that includes the categorical termination date.

Note: Children due to be recertified in the month of their fifth birthday must be recertified. Certification must be done prior to the date of the fifth birthday, and vouchers issued up to the week that includes the categorically termination date only. Vouchers must be prorated to last only through the end of the week in which

the child turns age 5 years. For example, if there are only 2 weeks remaining in the month, the child is only allowed to be issued half of their food package (e.g., usually 2 vouchers plus the produce/fruit & vegetable voucher). Vouchers cannot be issued if the pickup code is after the birthdate. If the child's birthdate is in the first week of the month, he/she will only receive one voucher plus the produce/fruit and vegetable voucher.

F. Issuance of Vouchers to Employee Family Members

An employee must never issue vouchers to their family members or other persons residing in their household. Family members include:

- | | |
|------------------|-------------------------------------|
| 1. Children | 8. Uncles |
| 2. Grandchildren | 9. Parents |
| 3. Sisters | 10. Spouses |
| 4. Brothers | 11. First Cousins |
| 5. Nieces | 12. In-laws |
| 6. Nephews | 13. Grandparents |
| 7. Aunts | 14. Individuals related by marriage |

IV. Voucher Management and Reporting System (VMARS) and Computer Generated Vouchers

A. Data Elements

The following data elements appear on the face of the vouchers:

1. District/Unit/Clinic. The district is represented by a two-digit number, the unit by a one-digit number, and the clinic by a three-digit number.
2. WIC ID Number. The participant's unique nine (9) digit identification number that corresponds to the number on the Turn-Around Document (TAD).
Self-Check Digit. Calculated by the ADP contractor or front end system.
Participant Number (P). This is a one-digit number that specifies an individual family member in a multi-WIC participant family.
3. Participant's Name. The full name of the participant (last name, first name, middle initial).
4. First Day to Use (MMDDYY). The first valid date when the voucher may be used to purchase foods.
5. Last Day to Use (MMDDYY). The last valid date, after which the voucher can no longer be used by the participant. The voucher may be used on this date, but not after this date.
6. Voucher Number. A unique eight (8)-digit serial number printed on each voucher.
7. Voucher Message. A description of the food items and the quantities that may be purchased. Also, the food package and voucher codes are printed here.

8. WIC Vendor Stamp. Stamped by the vendor prior to deposit.
9. Participant/Guardian/Alternate Signature. The participant/alternate signs his/her name in this space when the voucher is redeemed at a WIC vendor.
10. The reverse side of the vouchers contains an area for endorsement by the authorized WIC vendor location.
11. Food Package Code
12. Rank

B. Voucher Cycles

The clinic staff and participant determine the voucher pickup day. This day is entered as a Pickup Code on the TAD.

Voucher interval codes are entered on the TAD (1= monthly; 2= two months even; 3 = two months odd; 4 = three months).

- a. Voucher Cycle Packing List
The (2-ply) Packing list provides the specific beginning and ending voucher numbers for all manual vouchers for the clinic. Two copies of the packing list are provided. The clinic must retain one copy and send one signed copy to the district office as acknowledgement/proof of receipt of the vouchers (**see Attachment FD-6**).

C. Voucher Issuance

The following procedures must be followed when issuing vouchers:

1. Identification. Verify the identity of the person picking up the vouchers. Please refer to FD-III.B. "Identification of Person Picking Up Vouchers," for procedures. Record the ID proof for the person picking up the vouchers in the appropriate place.
2. Vouchers Issuance. Vouchers are only to be issued to participants who are in a valid certification period. (**See Section III, subsection A, *Valid Certification Period***). The serial numbers on the VMARS vouchers must match the serial numbers on the VMARS receipt. The name on the vouchers and the receipt must be identical.

The following items must be completed on the VMARS receipt or manual vouchers each time vouchers are issued:

- a. Signature of Participant or Alternate. The participant or alternate must sign his/her name on the signature line to indicate that the proper person has received those specific vouchers. This signature must match the signature of the participant or alternate on the ID card.

(1) Vouchers must **not** be issued until **after** the participant/alternate signs the receipt.

- (2) If a participant or **alternate** leaves the clinic without signing the receipt **or voucher copy**, clinic staff must document the issuance by writing "Failed To Sign". "Failed To Sign" must not be abbreviated.
 - (3) During a monitoring review, if one (1%) percent or more "Failed To Sign" notations appear on the **VMARS receipts** or manual copies in a clinic, a corrective action will be issued to the clinic. Therefore, clinic staff must be extremely careful to ensure that participants sign the VMARS receipt every time.
 - (4) If the participant or **alternate** is unable to write, he/she must enter his/her mark in lieu of a signature. Clinic staff will print the person's name next to the mark and initial and date the mark to indicate that it has been witnessed.
3. Voucher Participant/Alternate Signature. The participant or **alternate** must sign only manual vouchers in the left signature space, in the presence of the issuing staff person.
 4. When VMARS vouchers are printed, the printer produces a receipt along with the vouchers. The receipt contains the following information:
 - a. Client's WIC ID number
 - b. Name
 - c. Issue date
 - d. First date to use
 - e. Food package number
 - f. Voucher code
 - g. Voucher number(s)
 - h. Any appropriate message
 - i. Signature line for the client/**alternate** to sign
 - j. Initials of issuing clerk or user ID
 - k. Clinic/Sort Code

The receipt takes the place of the voucher register. The client signs the receipt(s) and only then is handed the vouchers. The receipt must then be immediately filed in numerical order. All receipts must be reconciled with the daily activity report. Any voucher numbers that are missing must have an explanation. "Failed To Print" is not an acceptable explanation. Documentation for missing voucher numbers must include the reason the numbers are missing, i.e. vouchers voided before printing, computer error, vouchers printed on wrong paper.

D. Transporting VMARS Vouchers from a Site within a Site

When VMARS vouchers are transported to a site that has no printer (voucher issuance clinic only), the vouchers must be printed the afternoon prior to going to the clinic or printed the day of the clinic visit.

Vouchers not issued on site must be stamped void and immediately voided in the system. (See transporting procedures in the Compliance Analysis Section of the Procedures Manual).

V. Manual Vouchers (Blank and Standard)

Manual vouchers are different from VMARS vouchers in the following ways:

1. Manual vouchers are two (2) part forms. The parts are color-coded for distribution as follows:
 - a. First copy (blue) - Participant.
 - b. Second copy (red or black) - Serves as clinic proof of issuance.
2. All manual vouchers require completion of participant and issuance data
3. Blank manual vouchers require entry of food quantities. All blocks must be filled in with a number or an X for those items not assigned.
4. All manual vouchers must be entered into the computer for electronic submission. Log all serial numbers for each type of manual vouchers on the Manual Voucher Inventory Log, and a screen shot of the computer entry must be attached to the inventory log. Manual vouchers cannot be mailed to the ADP contractor for processing.

A. Blank Manual Vouchers

Blank Manual Vouchers are issued for the following reasons:

1. To provide vouchers for a food package other than those provided by the preprinted manual vouchers.
2. To replace one or more vouchers that have been destroyed or damaged (**see Section XII, *Lost, Stolen or Damaged Vouchers***).
3. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

B. Preprinted Manual Vouchers

Preprinted Manual Vouchers are issued for the following reasons:

1. To provide vouchers for standard food packages.
2. In the event of system failure, loss of power at the clinic or other condition when the clinic system is not available.

C. Ordering Manual Vouchers

Local agencies must order manual vouchers from the ADP contractor. Orders must be made using the "Form and Manual Voucher Supply Order" Form located on GWISnet (see Attachment FD-7) and must be received by the ADP contractor by the 10th or 25th of each month. The ADP contractor will fill manual voucher orders twice a month and will ship them with each cycle of computer printed vouchers.

D. Receipt of Manual Vouchers

1. Clinic

Clinics will compare beginning and ending voucher numbers to those on the Clinic Voucher Cycle Packing List. Any discrepancies must be reported to the ADP contractor and the Georgia WIC Program immediately. The packing list must be signed and dated to verify receipt. A copy of the signed/dated packing list must be mailed to the local agency/district office within five (5) days of receipt of the vouchers. The district must stamp date receipt of the Packing List. The original must be retained by the clinic for five (5) years plus the current Federal Fiscal Year.

2. District/Unit

The district/unit receives a copy of each detailed clinic packing list for control, and a summary copy showing total vouchers received from the ADP Contractor. Any discrepancies must be reported to the ADP contractor immediately. Missing shipments must also be reported to the Georgia WIC Program. All packing lists received by the district must be reconciled with the clinic's copy, and the district's copy must be signed and dated.

E. Inventory Control of Manual Vouchers

When manual vouchers are received, the serial numbers must be recorded in the "Received" column of the "Manual Voucher Inventory" Log (see Attachment FD-8). The numbers must be recorded exactly as is stated on the packing list. This documentation must be completed the same day the vouchers are received but no more than three (3) days after receipt by the responsible WIC staff person and second verified by another responsible WIC staff person. Each clinic must log all manual vouchers in the computer the same day that they are received but, in any event, no more than three (3) days after receipt. A printout of the computer screen must be printed and stapled to the corresponding packing slip to show date of entrance. Vouchers must be used in the order in which they were received: first in, first out. All vouchers must be used in sequential order until depleted. Do not use two voucher batches at the same time. Complete one batch before using another.

1. Perpetual Inventory (Weekly) (Manual Vouchers)

The perpetual inventory accounts for the voucher numbers issued, voided, and on hand. The perpetual inventory should be conducted daily on the Manual Voucher Inventory Log Sheet (see Attachment FD-8). If no manual vouchers are issued during the month only a physical inventory is required. All columns of the log must be completed accurately, legibly, and initialed, by a responsible staff member.

Always record the voucher numbers immediately after receiving them from the ADP contractor on the Log Sheet and enter them in the computer.

2. Physical Inventory (Blank and Standard Manual Vouchers)

A monthly physical inventory of all manual vouchers must be conducted. Another staff person must verify the inventory and initial the inventory log. Physical inventory documentation must include the serial numbers of the vouchers and the total number of vouchers on hand. The physical inventory must be documented on the "Manual Voucher Inventory Log" and labeled "Physical Inventory Conducted and Verified by." Two staff members must initial and date the physical inventory.

When discrepancies are discovered during a manual voucher inventory, they must be reported to the District Nutrition Services Director. Manual Voucher Inventory Logs must be retained for five (5) years plus the current Federal Fiscal Year. Inventories must be completed in black or blue ink.

F. Issuance of Manual Vouchers

Manual vouchers **must** be issued in complete sets, in consecutive order. When preparing manual vouchers, all items must be printed clearly and legibly, using a black or blue ballpoint pen. If an error is made on a voucher, void the voucher and issue a blank manual voucher.

The pickup code is generally the same day as the day on which vouchers are issued. The dates on the second and third set of vouchers must correspond to the pick-up code of the first set of vouchers.

Pre-printed standard/ blank manual vouchers must include the following information:

1. The participant's WIC ID number, including check digit and participant code.
2. Participant's name (last, first).
3. First Day to Use (MMDDYY).
4. Last Day to Use (MMDDYY), which is thirty (30) days from the "First Day to Use."
5. Vendor must deposit by (MMDDYY) which is sixty (60) days from the "First Day to Use."
6. CPA Food Package Code (FPC) internal (system), Food Package Code and Voucher Code. If blank manual vouchers are issued to replace damaged computer printed vouchers, the CPA Food Package Code (FPC), internal (system) Food Package Code and Voucher Code from the damaged VPOD vouchers must be written on the manual voucher to retain the original information.

On a blank manual voucher, the following additional information must be completed: Food Prescription Data blocks. Enter quantities for appropriate foods; enter an "X" in all unassigned blocks.

E. Distribution of Manual Voucher Copies

1. The red copy must be counted in numerical order, and filed in the clinic; the voucher numbers issued or voided must be submitted to the ADP contractor electronically.
2. **Voucher copies must be retained for five (5) years plus the current Federal Fiscal Year.**

H. Voided Manual Vouchers

Vouchers marked VOID must be submitted electronically. Void the vouchers in the computer and transmit to the ADP contractor. Attach the voided vouchers to receipt.

Voided Manual Vouchers

Manual vouchers, blank vouchers, or preprinted vouchers must be voided if:

- The participant's name is misspelled
 - Any of the participant information is entered incorrectly
 - Damaged
 - Any voucher(s) is returned unused by participant
 - There is a food package change
1. **Voided Manual Vouchers that were reported to the ADP contractor as issued.** - The system contains an issuance record that must be voided. To accomplish this, the clinic must void the voucher in the computer and submit it to the ADP contractor.
 2. **Voided Manual Vouchers that were not reported to the ADP contractor as issued.** - These voids are due to errors made while completing the voucher, which prevent the voucher from being issued. Both manual voucher copies must be marked "VOID". Void these vouchers in the computer system and transmit to the ADP contractor.

Although there are no issuance records on these vouchers, the ADP contractor will input this voided information into the system to identify the disposition of the vouchers. All Voided and Destroyed vouchers must be reported to the ADP contractor's Bank. Do not send any manual vouchers back to the bank.

VI. VMARS Stock Paper

A. Ordering VMARS Stock Paper

VMARS stock paper orders must be made using the electronic "Form and Manual Voucher Supply Order Form" (see **Attachment FD-7**) and must be received by the ADP contractor by the 10th or 25th day of each month.

B. Inventory Control of VMARS Stock Paper

When a delivery of VMARS Stock Paper is received by the clinic the following must be done:

1. Inspect the shipment for damaged or missing paper. The clinic should notify the OIG-Deputy Inspector General immediately for any discrepancies.
2. Log the VMARS Stock Paper on the VMARS Stock Paper Tracking Log (see **Attachment FD-17**).

C. Physical Inventory

When stock paper is received, the date must be recorded in the "Date" column of the "VMARS Stock Paper Inventory" Log (see **Attachment FD-17**). The box number is the number listed on the DFI Packing Label. The beginning and ending serial numbers must be recorded exactly as listed on the inventory ream. The balance recorded accounts for total number of reams remaining in stock inventory. This documentation must be completed the same day the stock paper is received but no more than three (3) days after receipt by the responsible WIC staff person and second verified by another responsible WIC staff person.

D. Issuing VMARS Stock Paper

When stock paper is issued, the date of issuance must be recorded on the "Date" column of the VMARS Stock Paper Inventory Log. The box number is the number listed on the DFI Packing Label. The beginning and ending serial numbers must be recorded exactly as listed on the inventory ream. The number of reams received will remain blank. Record the number of reams taken from inventory (one ream per line). Enter the number of reams of stock paper remaining in inventory. Staff must initial removing the stock from inventory and a second staff person must initial to verify.

E. Monthly Physical Inventory Count

A monthly physical inventory of all VMARS Stock Paper must be conducted. Physical inventory documentation must include the date inventory was conducted and the balance of reams on hand. The physical inventory must be documented on the "VMARS Stock Paper Inventory Log" and labeled "Physical Inventory Conducted and Verified by." Two staff persons must initial and date the physical inventory.

VII. VMARS Procedures

A. General

The Voucher Management and Reporting System (VMARS) will centrally manage WIC data and voucher printing independent of the various MIS systems. This web service client will accept securely communicated front end system WIC data. The data will be validated in real time by the ADP contractor for use by the VMARS print queue system. The VMARS print queue system will print the Georgia WIC vouchers with a “uniform” appearance statewide. A complete and valid certification will be required to be on file with the ADP contractor before a voucher will be issued to a participant.

B. Validating A Certification Record

The front end system will send certification and voucher information through the web service to the ADP contractor; the ADP contractor will break the string into the 131 current data elements and validate the record based on the current edits manual. The VMARS client will validate and cross edit the submission and respond with a pass/ fail message. A detailed message will be returned to explain any failed submissions, listing the data element(s) and reason(s) for the rejection. All required information must be corrected and submitted prior to vouchers being allowed to print.

C. Voucher Printing VMAR_Q

The clinic will submit a voucher request to the ADP contractor who will verify the participant is in a valid certification period. The vouchers will be printed by the ADP contractor managed print queue system “VMAR_Q”. All the vouchers will have an identical appearance due to a single system producing them. This will reduce the possibility of duplicate voucher numbers.

The ADP Contractor managed VMARS server will track and control the voucher numbers assigned to the clinics and coordinate with the backend system the voucher ranges used. Using this system will eliminate the use of an inventory log.

The print queue system will be installed on a dedicated computer/server that will allow all printers used to print the vouchers. The clerks will retrieve the vouchers from their assigned printer and ensure that all vouchers were printed accurately. The clerks must be assigned to a printer for each clinic they are allowed to work in. To ensure that vouchers are not printed in a different location other than the correct location the clerk is assigned to, staff must ensure they are logged into the correct clinic site and the participant they are requesting vouchers for are assigned to that location. When the vouchers print a receipt will be printed with the vouchers and the participant will need to sign acknowledging the receipt of the vouchers.

D. Issuing VMARS Vouchers

The following procedures must be followed when issuing VMARS Vouchers:

1. Identification - Verify the identity of the person picking up the vouchers

2. Issuance- The ADP contractor will validate all certification and voucher information before any vouchers will be printed. The clerk may ensure their assigned printer or the default printer print the vouchers.
3. The name of the participant will be compared to the participant's name on the WIC ID card and as it appears on the vouchers.
4. The participant/**alternate** must sign the receipt before receiving the vouchers. Vouchers must not be issued until after the participant/**alternate**/guardian signs the receipt. The receipt must be reconciled with the daily activity report.

E. Daily Reconciliation

Vouchers numbers will be controlled by the ADP contractor. Unlike VPOD, a specific number range will not be assigned to each clinic. The serial numbers on the vouchers will be based on the next available number in the queue. The voucher number will be in sequential order by participant, but not by clinic. For example: Participant A vouchers will be numbers 1-5, Participant B vouchers may be 10-15. Therefore, voucher receipts must be reconciled with the Daily Activity Report to ensure all receipts and vouchers are accounted for. Each clinic must maintain a file for the Daily Activity Reports and keep it in the clinic.

If vouchers are voided, they must be stamped "VOID" before being filed with the receipts. Clinic staff must staple the voided vouchers to the back of the receipt. The Daily Activity Report must be signed and dated to verify reconciliation. At the end of each day, the WIC clinic staff must print a Daily Activity Report that includes:

1. Voucher Numbers
2. Participants Name
3. Issue Date
4. Initials of issuing clerk
5. Status of voucher(Issued or Void)

F. Voiding VMARS Vouchers

If it becomes necessary to void VMARS vouchers, the vouchers in question must be voided in the computer system. The voided vouchers must be submitted to the ADP contractor before replacement vouchers can be requested for the participant. The system will send a message stating this participant has received vouchers for this period. This will also alert the clerk if the participant has received vouchers from another WIC clinic to detect dual participation.

G. Benefits of VMARS

As a real time system with immediate pass/fail of certification information at the front end, this should eliminate errors on the backend and virtually eliminate the CUR report. "Real time" means all data submitted to the ADP contractor will be accepted or rejected as soon as it is received by CSC. All required certification

information will have to be corrected prior to vouchers being allowed to print. The VMARS system will communicate with the ADP contractor via a web service over the internet.

Changing to a real time system will eliminate the daily batching process. The data will be captured during the validation and cross editing process and stored by the backend systems for the reconciliation process. With the elimination of the daily batching process, participant information will be added to the GWISnet system as it is received, and the twenty-four (24) hour delay will be eliminated.

A reduction in the "Previously Redeemed" bank exception report will occur because VMARS will not allow the front-end system to send the same voucher information repeatedly. The "Previously Void" will be reduced by requiring the front end systems to send voided, lost, stolen, and destroyed voucher information via the internet web service system and not mailing them to the ADP contractor for manual entry into the system.

This system will also reduce dual participation by verifying whether a participant has already been issued a voucher for a specific timeframe. It will also cross edit participant information with the current dual participation edits to ensure the participant is not enrolled in another WIC clinic. Voucher information will be displayed in GWISnet with the participant and voucher issuance information allowing clinics to review transferring participant's history and reduce dual participation. The system allows for multiple transactions to be completed in the same day so long as the previously sent information was accepted by CSC. An example of this is a participant who is transferring and needs a certification; both transactions can be completed in the same day without receiving a critical error.

H. VMARS System Failure

The VMARS system will require internet connectivity. Should the system lose connectivity, the current policy and procedures for issuing manual vouchers will apply (VPOD will not be operable once VMARS is in place; only manual vouchers can be issued). These vouchers will be submitted by inputting the information into the front end system when the system is available. This will allow a site to continue voucher issuance should a system or equipment failure occurs. In the event of a VMARS system failure, follow the manual certification and voucher issuance procedures currently in place. Once the system is functioning, all certification and voucher issuance information must be entered into the computer to be submitted via the web service system.

I. Manual Voucher Submission

All manual vouchers must be transmitted to CSC via the web service system. Manual vouchers cannot be batched manually or sent to CSC for manual processing. The following procedures must be conducted when manual vouchers are received:

- Each set must be entered in the computer using the previous VPOD procedures.

- Each clinic must log all numbers on the Manual Voucher Inventory Log and in the computer the same day that they are received but no more than three (3) days after receipt.
- A printout of the computer screen must be printed and stapled to the corresponding packing slip to show date of entrance.
- The packing list must be signed and dated and a copy sent to the district office within five (5) days of receipt. The packing list must also be kept on file in the clinics.

J. Corrective Actions for VMARS

1. Missing receipts
2. More than one percent "Fail to Sign" on receipts
3. Vouchers issued during an invalid certification period
4. Missing and/or any incomplete Daily Activity Reports
5. Any vouchers filed with receipts that do not have "VOID" stamped or written on them
6. Voucher printing problems that are not documented properly
7. Voucher numbers that did not print, and are not voided in the computer
8. Missing participant/**alternates** signatures

VIII. Mailing/Delivery of WIC Vouchers

A. Conditions for Mailing/Delivering Vouchers

1. Vouchers may be mailed or otherwise delivered to participants on an individual hardship basis or, in special circumstances, may be mailed in mass. If vouchers are mailed to a participant for hardship reasons, they will be done so on a **one month basis**. There is no standard, on-going reason to mail vouchers (i.e., permanent difficulty accessing the clinic(s)).
2. Vouchers must not be mailed or delivered in the following situations:
 - a. Participant is due for re-certification
 - b. Participant is due for nutrition education
 - c. Participant is unable to offer a current address, e.g., homeless shelter participant.

B. Acceptable Reasons for Mailing/Delivering Vouchers

1. Difficulties of the participant and his/her alternate in obtaining vouchers for reasons such as illness
2. Imminent or recent childbirth requiring bed rest and no alternate or proxy is available
3. Environmental crisis as a result of a tornado, hurricane, flood, snow-storm, ice storm or other natural disaster
4. Closure of clinic due to structural damage, relocation, etc
5. Other special circumstances approved by the Nutrition Services Director

C. Mailing/Delivery Procedures

The procedures to be followed when delivering vouchers are as follows:

1. Prior to mailing/delivering vouchers, the issuing professional must obtain approval from the District Nutrition Services Director or a designated Competent Professional Authority (CPA). Written approval must be maintained on file in the form of a local agency policy memorandum.
When delivering vouchers, the participant must sign a copy of the voucher receipt. Once the receipt is signed by the participant, it must be returned to the clinic to be filed.
Original copies of the receipt must not be taken from the clinic; a copy of the receipt must be taken to the participant to sign.
Upon returning to the clinic, the copy must be attached to the original receipt.
2. The hardship condition and the District Nutrition Services Director approval must be documented in the participant's health record. Once the initial hardship has been resolved, the mailing or delivery of WIC Vouchers must be discontinued and the action documented.
3. Confirm valid certification.
4. Confirm the mailing address.
5. Give the participant their next appointment.
6. Each district or local agency must have a post office box as well as a return address for all vouchers mailed. The "return to sender name" on the mailing envelope must be a staff person other than the one who prepared the vouchers for mailing. The envelope must specify, "Do Not Forward, Return to Sender", and a return receipt must be requested on all vouchers sent by certified mail.
7. A staff person other than the one who prepared and mailed the vouchers must pick-up returned vouchers from the post office box; and must note on the mail roster the participant's name, identification number and sequence of voucher numbers returned in the mail and a full signature of the person documenting this information.
8. A roster must be maintained on a weekly basis by the local office noting all vouchers mailed and participant names and identification numbers. This roster should be mailed to the district office (**see Attachment FD-13**).

The procedures for delivering a voucher(s) are as follows:

- The vouchers and receipts (when transporting vouchers) must be copied
- The original receipt must be left in the clinic
- Once the participant signs the copied page, the copy must be attached to the original receipt
- The original receipt must have the statement "See Attachment" on the receipt

D. Voucher Mailing Process

- When mailing vouchers, the receipt or voucher copy must be documented with the disposition of the vouchers
- The WIC official must document the signature line(s) with the statement "mailed vouchers" or "delivered vouchers"
- The reason(s) for mailing, the date mailed, and the signature of the person preparing vouchers for mailing
- Vouchers must be mailed via certified mail with return receipt
- Mailed vouchers will not be replaced

E. Returned Vouchers

When vouchers are returned by the postal service, the following steps must be followed:

1. If the voucher(s) are still valid for redemption, the local agency must attempt to contact the participant in an effort to issue. The attempt to contact must be recorded on the voucher receipt. If the local agency is unable to contact the participant, "VOID" the voucher(s) immediately.
2. If the vouchers have expired, they must be stamped "VOID" and voided in the computer for transmission to the ADP contractor.

Note on the receipt, "returned by postal service" next to the corresponding voucher numbers and retain them on site. Voucher(s) must be stamped "VOID" immediately and processed in accordance with the procedures described above.

IX. Prorated Vouchers

The objective of prorated vouchers is to ensure that participants receive benefits only during a valid certification period. Vouchers are issued based on the number of weeks within a valid redemption time period. A voucher is only valid for thirty (30) days from the date of issuance.

Prorating is the issuance of partial food packages by eliminating one or more vouchers from the designated food package. Vouchers must be prorated when:

- (1) A participant is late picking up vouchers (procedures for voiding vouchers must be followed as outlined in FD-IX - Late Pickup of Vouchers)
- (2) Vouchers are being replaced if they are damaged as a result of agency error.
- (3) A participant is categorically ineligible (see FD-III.-E.-Categorically Ineligible)
- (4) Adding/changing family members to same pick up cycle

Note: The procedures in Section FD-XI. A must be followed when replacing vouchers.

<u>Number of Days Late</u>	<u>Women & Children</u>	<u>Infants</u>
Less than 7 days late	full package	full package
7-13 days late	Vouchers issued = 3/4 package plus Produce (Fruit/Vegetables) voucher	full package
14-20 days late	Vouchers issued = 1/2 package plus Produce (Fruit/Vegetables) voucher	(1/2) package (deduct one(1) half of formula vouchers plus one food voucher)
21-31 days late	Vouchers issued = 1/4 package plus Produce (Fruit/Vegetables) voucher	(1/2) package (deduct one(1) half of formula vouchers plus one food voucher)

***Note: Cash Value Vouchers (Fruit/Vegetables) cannot be prorated. They must always be issued for the full value (e.g., \$8, \$11, or \$16.50) if the participant is eligible to receive any vouchers for that month.**

Vouchers should be prorated following the rank order system in the Food Package Section. A voucher with a rank of “1” in a food package should be removed first. A voucher with a rank of “9” is never prorated; if the participant is eligible for any vouchers that month, a voucher with a rank of “9” must be issued. Cash Value/Produce (Fruit/vegetable) vouchers all have a rank of “9.”

Ranks of 1-4 correspond to the week of the month, with “1” representing the voucher(s) to be prorated after the participant is late by 7-13 days, “2” representing the voucher(s) to be prorated (in *addition* to the rank “1” vouchers) after the participant is late by 14-20 days, and so on. Food packages containing more than 5 vouchers will have more than 1 voucher with the same rank; all vouchers with the same rank must be prorated at the same time. For example, if a participant is 2 weeks late, then all vouchers with ranks of “1” and “2” must be prorated and not issued, regardless of how many vouchers there are with ranks of “1” or “2.” The vouchers were ranked based on the contents of the voucher to ensure as even a distribution of formula and/or foods removed per week as possible.

X. Late Pick-Up of Vouchers

Participants who are late picking up their vouchers **must** be issued a prorated food package based on the schedule in FD-IX. The food package must be prorated to reflect the period of time left until the participant's next scheduled pickup date. To determine the number of days that a participant is late for pickup, the following guidelines must be followed:

1. Count calendar days, including weekends

2. If the participant's *scheduled* pickup day was *before* the "First Day to Use" on the vouchers, begin counting days late from the "First Day to Use" date
3. If the participant's *scheduled* pickup day was *after* the "First Day to Use" on the vouchers, begin counting days late from the appointment date

The appointment date must be documented on the receipt in addition to the required pickup date.

Change pickup interval code

When a participant is late picking up vouchers, the pickup code must not be changed to avoid prorating vouchers. When it becomes necessary to change the pickup code, the code is changed to the date the vouchers are picked up, and a full set of vouchers are issued with the current date. WIC clinic staff is not encouraged to change pickup codes because of the affects doing so may have on participation.

Pickup codes should be changed during a valid certification period when:

1. **Adding a new family member**
2. **A change in circumstances, such as a change in job or working hours, results in a hardship on the participant.**

Note: Infant food packages should be prorated/adjusted according to the mother's pick-up code.

The decision to change pickup codes will be based on district policy.

To change the participant's pickup code the clinic staff must:

1. Document the appointment date changes on the voucher receipt.
2. Complete an update TAD to change the pickup code and submit to the data-processing contractor.
3. Immediately stamp or write "VOID" on the voucher(s).
4. Give the participant an appointment for next month's pickup with the new pickup date.
5. Document in participant's record the reason for change in pickup code.

XI. Coordination of Health Services and Vouchers Issuance

Every effort must be made to coordinate the issuance of WIC vouchers with the delivery of health services (7C.F.R. §246.12(d) and §§246.11 (a)(1) and (2)). Efforts must be made to provide health services so that the patients/families will not have to return more than once a month. However, vouchers may be issued for one month, if the participant/caregiver is to return for services at that time **(This is the exception, not the rule)**.

Under no circumstances are vouchers to be withheld or denied nor are any services to be forced upon participants/caregivers (7C.F.R. §246.11 (a) (2)). Participants/caregivers have the right to refuse other health services, but we have the responsibility to frequently offer and strongly encourage the use of all available health services (7 C.F.R. §§246.6(b)(3) and (5); §246.7(j)(2)(iii); and §246.12).

XII. Lost, Stolen or Damaged Vouchers

A. Replacement of Vouchers

1. **Lost** vouchers will not be replaced.
2. Damaged Vouchers - When a participant/parent/guardian/caregiver reports that their vouchers have been damaged, the following procedure may be implemented:
 - a. If vouchers are damaged, any pieces of the vouchers that can be salvaged should be brought to clinic. Vouchers that can be identified by voucher numbers may be replaced.
 - b. Vouchers destroyed due to fire will be replaced with a copy of the fire report.
3. **Stolen vouchers will only be replaced with a police report.**
 - a. **Clinics must verify in GWIS if the vouchers have been redeemed prior to issuing new vouchers.**
4. **Vouchers that are stolen as a result of domestic violence can be replaced with a police report or letter of placement from a family violence shelter.**
 - a. **Clinics must verify in GWIS if the vouchers have been redeemed prior to new issuance .**

B. Replacement Vouchers Due to a Declared Emergency

Prior to reissuance of lost vouchers for those participants who live in a declared emergency area the clinic staff shall:

1. Determine if the participant resides in an area that has been designated as an area affected by a Declared Emergency
2. Determine which vouchers the participant has lost and need replacement.
3. Call the CSC Help Desk or check GWIS net to determine which lost vouchers have been cashed and processed by the bank. Listed below is the information that staff will need to provide to CSC:
 - Voucher numbers
 - Participant ID number
 - Name of participant
 - Clinic, County and District number
 - Name of staff member requesting the information
 - a. Phone number is 1-800-796-1850.
 - b. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
4. Document the voucher information for lost vouchers that have **NOT BEEN CASHED** on the **Lost/Stolen/Destroyed Voided Voucher Report**, per family/participant (**see Attachment FD-14**). After receiving

the verification information of lost vouchers that have been cashed or not cashed from the CSC Help Desk, use as many pages as necessary to document information.

5. Issue Replacement vouchers only for vouchers that have NOT BEEN CASHED by the participant and document on all voucher receipts, **Replacement Vouchers-Declared Emergency.**”
6. Make and distribute up to four copies of the Lost/Stolen/Destroyed Voided Voucher Report:
 - a. Place original in the participant’s file.
 - b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
 - c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
 - d. Send one copy to the Systems Information Unit.
 - e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
7. Void all copies of previously issued vouchers that have been replaced (vouchers that have NOT BEEN CASHED) in the computer system.

C. Lost/Stolen/Destroyed/Voided Voucher Report

When vouchers are reported as lost, stolen, or destroyed, complete the Lost/Stolen /Destroyed/ Voided Voucher Report (see Attachment FD-14) with the following items:

1. District/Unit/Clinic
2. Current Date
3. Beginning Voucher Number in Range*
4. Ending Voucher Number in Range*
5. Quantity of Vouchers in Range
6. Participant's WIC ID Number
7. Participant's Status Code
8. Participant's Last Name and Replacement Voucher Numbers in the "Comments" block.

*If a participant reports that part of a voucher package was lost/stolen/destroyed and the other portion was cashed, but cannot determine which voucher serial numbers were lost/stolen/destroyed, include all of the voucher serial numbers on the form. Note in the comment section of the Lost/Stolen Destroyed Voided Voucher Report that between 1-4 vouchers may have been cashed.

Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, and forward a copy to Georgia WIC Program State Office-System Unit and a copy to the district office within five (5) days of completion. The district office must stamp date the reports to show date of receipt. Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The Georgia WIC Program cannot initiate "stop payments" on lost/stolen/destroyed vouchers. When fraud is suspected, the local agency should notify the Office of Inspector General to request assistance with an investigation. To obtain copies of suspect vouchers, the local agency must submit a Georgia WIC Program Voucher Investigation Log (**see Attachment CA-2**) to the Office of Inspector General (see Compliance Analysis Section, X).

D. Vouchers Lost, Stolen, or Destroyed Prior to Issuance

When a clinic determines that vouchers have been lost, stolen, or destroyed prior to issuance, the following procedure must be implemented:

1. Complete the Lost/Stolen/Destroyed Voided Voucher Report (**see Attachment FD-14**) with the following items:
 - a. District/Unit/Clinic
 - b. Current Date
 - c. Beginning Voucher Number in Range
 - d. Ending Voucher Number in Range
 - e. Quantity of Vouchers in Range.
2. Mail the completed Lost/Stolen/Destroyed Voided Voucher Report to the ADP contractor, retain a copy in the clinic, and forward a copy to the district office and Georgia WIC Program, Systems Information Unit, 2 Peachtree Street, Suite 10.476 Atlanta, GA 30303 within five (5) days of completion. Upon receipt of the Report, the ADP contractor will enter this information into the system. If the contract bank subsequently pays the vouchers, they will be identified on the Bank Exception Report during the monthly reporting process.

The System Information Unit will review Lost, Stolen, or Destroyed voucher reports in conjunction with the Cumulative Unmatched Redemption (CUR) report and Bank Exception report to identify potential fraud and refer findings to the Office of Inspector General. The Office of Inspector General will work in conjunction with the local agency to investigate potential fraud, when a block of 25 or more vouchers are missing (see "Compliance Analysis" at Section X).

E. Security Destroyed Vouchers

When vouchers are security destroyed, the Lost/Stolen /Destroyed/ Voided Voucher Report must be completed (**see Attachment FD-14**) with the following information:

1. District/Unit/Clinic
2. Current Date
3. Beginning Voucher Number in Range*
4. Ending Voucher Number in Range*
5. Quantity of Vouchers in Range
6. Status Code
7. Total Amount of Vouchers Destroyed

F. Change of Formula Order/Formula Purchased In Error

In the event that a formula order is changed after a participant has been issued vouchers for an original formula order, or formula was purchased in error, replacement vouchers must be issued if the original vouchers and/or incorrect formula purchased are returned. When vouchers are replaced within the same month of original issuance, the following procedures must be implemented:

Standard Formula and Special Formula

1. Participants must return unused formula to the clinic if available, and/or
2. Return unredeemed voucher(s) to the clinic for voiding.
3. Supplemental vouchers issued must equal the amount of unused formula returned in reconstituted fluid ounces and vouchers voided for the current issuance period. Supplemental vouchers are issued on a reconstituted fluid ounce for a reconstituted fluid ounce basis.
4. Document the amount, type, and disposition of formula returned on the "Formula Tracking Log" located in the Food Package section of the WIC Procedures Manual.

Hospital Based Formula

If a physician changes a formula, the participant must return all unopened cans of formula to the clinic.

The Clinic must then:

1. Issue supplemental vouchers equal to the reconstituted fluid ounces of formula returned in the issuance period.
2. Document the amount, type, and disposition of formula returned to the clinic on the Voucher Receipt or on the WIC clinic's copy of the manual voucher.
3. Document formula change and receipt of an updated written or verbal order from the physician in the participant's health record.
4. Document returned formula on the "Formula Tracking Log" located in the Food Package section of the WIC Procedures Manual. All returned formula must be accounted for when issued to another client, destroyed or returned to the manufacturer. The "Formula Tracking Log" will be monitored by the Nutrition Services Unit for accuracy during District Program Reviews conducted by the state.

XIII. Borrowed Vouchers

Manual Vouchers may be borrowed from another WIC clinic within the same district by a WIC clinic whose current stock is depleted (see Attachment FD-14). This applies to manual vouchers only. VMARS stock paper cannot be borrowed by one clinic from another.

Submitting the form in a timely manner is important. The ADP contractor must be notified of all manual voucher reassignments as soon as possible. Any borrowed voucher reassignments not received by the ADP contractor before reconciliation (usually

around the eighth working day of the month) may result in new check issues received from clinics being rejected because the issue clinic fails to match the check issue master file. Accordingly, any of these vouchers that were cashed would result in unmatched redemption the first month and would be listed on the Cumulative Unmatched Redemptions Report if not corrected by the second month.

Those borrowed voucher reassignments that fail the required edits will also be subject to the unmatched redemption process described in the previous paragraph. If a borrowed voucher reassignment does fail the edits, the districts will be contacted to correct the discrepancy for the next reconciliation. The ADP contractor will accept the new **Borrowed Voucher Report** input form from the districts, edit the required fields for validity, and reassign clinic numbers on the check issue master file on a monthly basis before reconciliation.

XIV Critical Errors

If a TAD or ETAD is submitted to the ADP contractor with a critical error, the system rejects the file and sends a message to the clinic to correct the error before vouchers can be printed and the client master file can be updated. This will cause vouchers issued to that participant to show up on the Unmatched Redemption Report followed the next month by the Cumulative Unmatched Redemption (CUR) report if not corrected. Clinic staff must correct the error and re-submit the TAD or ETAD immediately. Failure to correct critical errors and unmatched redemptions may result in loss of funding to the district.

XV. CUMULATIVE UNMATCHED REDEMPTION (CUR)

A. Introduction

The Cumulative Unmatched Redemption (CUR) identifies redeemed VPOD and manual vouchers that have not matched a valid client or issuance record. Local agencies are required to review the redeemed vouchers appearing on CUR to Web monthly.

In order to reduce the cases of CUR's, the Georgia WIC Program began issuing the Unmatched Redemption Report (see Attachment FD-13). This report acts as an issue month CUR.

B. Procedures for Reconciling the Unmatched Redemption Report via CUR to Web

To view vouchers on the Unmatched Redemption Report:

1. Log onto the CUR to Web website:
https://vmars.statewic.net/CUR/cur_recon.aspx
2. Select a D/U to filter down to a clinic or select ALL to see all clinic numbers
3. Select a clinic
4. Select the month and year then click FIND

5. The grid will list the information from the Unmatched Redemption Report.
(See Attachment FD-12 for CUR to Web screen shot)

The report has two types of vouchers. One type includes potential CUR 1 vouchers which have been cashed but no issue record was received. These could include but are not limited to manual vouchers that were not submitted through VMARS.

The second type includes potential CUR 2 vouchers which have either not matched a valid WIC ID, or the client was terminated and/or there is no certification record on file. These could include but are not limited to TADS that were not accepted through VMARS.

Reconciliations must be submitted through VMARS by the seventh working day in the month following the month in which the report was received. For example, a January report which becomes available in February must be reconciled by the seventh business day in March.

If the reconciliation cannot be completed through VMARS a manual reconciliation can be completed via CUR to Web by the seventh working day in the month following the month in which the report was received. **Do not submit copies of the CUR report or manual vouchers to the ADP contractor or to the Georgia WIC program.**

To manually reconcile vouchers that could not be reconciled through VMARS:

1. Click SELECT on the voucher you want to reconcile
2. Fill in appropriate fields
3. Enter a comment if needed
4. Click the MANUALLY RECONCILE checkbox, then click SAVE

Reconciled records will move to the bottom of the grid. Unreconciled vouchers will remain at the top of the grid. The Recon Type column will show the type of reconciliation. There are two reconciliation types: Manually and VMARS. V will show if the record/voucher was reconciled through VMARS. M will show if the record has/was been manually reconciled. The Recon By column will show a V for VMARS reconciled, O for CSC reconciled, S for State reconciled, D for District reconciled or C for Clinic Reconciled.

XVII. RECONCILIATION OF WIC REPORTS AND DAILY PROGRAM OPERATIONS

Nutrition Services Directors and Clinic Managers are responsible for ensuring daily verification, daily reconciliation of WIC reports and daily program operations for accuracy. Districts must immediately report discrepancies to Georgia WIC Program Systems Information Unit. Reconciliation includes, but is not limited to, conducting the following daily and monthly verifications.

A. Daily Verifications

1. Verify vouchers issued.
2. Match numbers on the computer with vouchers issued.
3. Ensure all vouchers contain required voucher numbers.
4. Ensure that numbers received are properly entered into the system.
5. Ensure that vouchers do not skip numbers. If a number(s) is skipped, document the number on activity log and in the VOIDED section of the inventory log.
6. Verify that duplicate numbers have not been issued.

B. Monthly Verifications

1. Ensure that all vouchers are appropriately issued and/or voided. "Did not print" is not an acceptable voucher status.
2. Review Unmatched and CUR Reports and reasons indicated.
3. Assure voucher redemption reports are verified and resubmitted in the required time frame.
4. Review the override reports at each clinic location

Clinic managers should report all discrepancies to the District Nutrition Services Director immediately. In addition, it is the responsibility of the District Nutrition Services Director to conduct periodic self-reviews as well as review any discrepancies or problems reported by the clinic manger.

XVIII. VMARS Security**General**

Monthly, the clinic supervisor or Nutrition Service Director (NSD) must sign, date, and review the monthly override report to determine why the overrides are being used in the clinic. In addition, if a pattern is established, the supervisor or NSD must train staff on the issue or meet with system staff to make the needed changes in the system.


Each **Nutrition Service Director (NSD)** must submit the names of staff that have permission for override to the state WIC Office. The names of these staff members shall remain on file at the SWO and have been sent to the ADP (CSC) for verification prior to an override.

In the event staff leaves, retires, etc., the **Nutrition Service Director (NSD)** must submit the new name of staff to the Program Technology Manager. It will take the SWO staff up to five (5) days to make the change because CSC must be contacted. Clinics must remove the name of the staff no longer authorized to perform override within three (3) days of this change.

ATTACHMENTS

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FD-1: PREPRINTED STANDARD MANUAL VOUCHER

DIST / UNIT / CLINIC 02-0 059	WIC ID NUMBER	PARTICIPANT NAME	RSN	VOUCHER NO. 81081922 7	ISSUED BY
 GEORGIA WIC PROGRAM			81081922		FIRST DAY TO USE
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS			4 FOOD PACKAGE #21 VOUCHER #06		LAST DAY TO USE
MILK: 1-3 quart container non-fat dry powder OR 4-12 oz cans low-fat (fat-free, skinned, 2%) evaporated milk			GAC# 0111		VENDOR MUST DEPOSIT BY
BEANS OR 1 lb dried OR 4 cans (14 to 16 oz) beans PEANUT OR 1 container (16 to 18 oz) peanut butter BUTTER:			PAY EXACTLY DOLLARS CENTS		NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE
SIGN HERE AT WIC OFFICE		IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION		SIGN HERE AT GROCERY STORE	
⑆8 10819225⑆ ⑆06 1119684⑆ 2072112382⑆			UNITED COMMUNITY BANK 64-1968-611		

FD-2: BLANK MANUAL VOUCHER

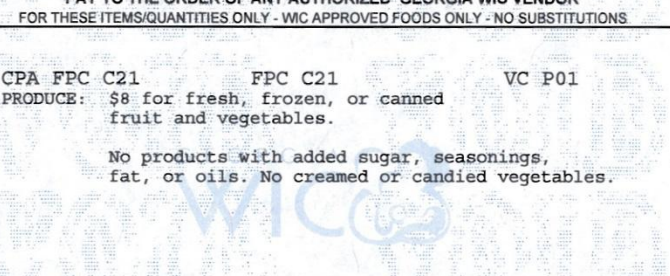

DIST / UNIT / CLINIC	WIC ID NUMBER	PARTICIPANT NAME	RSN	VOUCHER NO.	ISSUED BY
09-2 354				91058010	

WIC GEORGIA WIC PROGRAM		91058010				
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR						
FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS						
MILK (circle one):	WHOLE	LOW FAT	GOAT MILK EVAP	12 oz cans	BEANS	14 to 16 oz canned
MILK	<input type="checkbox"/>	<input type="checkbox"/>	SOY MILK	half gallon		16 oz dried
	<input type="checkbox"/>	<input type="checkbox"/>	UHT MILK	8 oz boxes	JUICE	46 to 48 oz cans
3 QUART POWDERED	<input type="checkbox"/>	<input type="checkbox"/>	CEREAL	oz		64 oz containers
EVAPORATED MILK	<input type="checkbox"/>	<input type="checkbox"/>	CHEESE	16 oz package		11.5 to 12 oz cans frozen
LACTOSE FREE, ACIDOPHILUS, OR ACIDOPHILUS WITH BIFIDUM	<input type="checkbox"/>	<input type="checkbox"/>	EGGS	dozen		11.5 oz cans pourable
	<input type="checkbox"/>	<input type="checkbox"/>	TOFU	pounds	WHOLE GRAIN BREAD	16 oz package
GOAT MILK	<input type="checkbox"/>	<input type="checkbox"/>	FISH	oz	TORTILLA	16 oz package
	<input type="checkbox"/>	<input type="checkbox"/>	PEANUT BUTTER	16 to 18 oz	BROWN RICE	16 oz package

SIGN HERE AT WIC OFFICE	SIGN HERE AT GROCERY STORE


⑈910580103⑈ ⑆061119684⑆ 2072112382⑈	UNITED COMMUNITY BANK 64-1968-611
-------------------------------------	-----------------------------------

**FD-3: VOUCHER MANAGEMENT AND REPORTING SYSTEM
(VMARS VOUCHER)**

DO NOT CASH UNLESS THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND AND A FOIL LOGO.							
DIST/UNIT/CLINIC	WIC ID NO.	C	P	PARTICIPANT		VOUCHER NO.	ISSUED BY
05 1 087	008 456 104	3	6	SAMPLE, SAMPLE		56376849	CSC
United Community Bank 0611196842072112382		GEORGIA WIC PROGRAM PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS/QUANTITIES ONLY - WIC APPROVED FOODS ONLY - NO SUBSTITUTIONS				NOT NEGOTIABLE WITHOUT WIC VENDOR STAMP HERE	FIRST DAY TO USE 04/14/2015 LAST DAY TO USE 05/14/2015
CPA FPC C21 FPC C21 VC P01 PRODUCE: \$8 for fresh, frozen, or canned fruit and vegetables. No products with added sugar, seasonings, fat, or oils. No creamed or candied vegetables.						VENDOR MUST DEPOSIT WITHIN 60 DAYS OF FIRST DAY TO USE	
						PAY EXACTLY	
						DOLLARS	CENTS
BUYING, SELLING, OR OTHERWISE MISUSING WIC BENEFITS IS A CRIME. TO REPORT SUSPECTED ABUSE, CALL 800-424-9121 OR VISIT WWW.USDA.GOV/OIG/HOTLINE.HTM.				PARTICIPANT/GUARDIAN/PROXY SIGNATURE		rev. 1-2014	


⑈563768496⑈ ⑆061119684⑆ 2072112382⑈

FD-4: WIC GFMP Check

GEORGIA FARMERS MARKET NUTRITION PROGRAM	UNITED COMMUNITY BANK KENNESAW, GEORGIA	64-1968 611	00000103
CID - 1/9999 0000000020933	Zar, Lomb	FIRST DAY TO USE: 03/23/12 LAST DAY TO USE: 03/31/12 VENDOR MUST DEPOSIT BY: 04/15/12	
PAY TO THE ORDER OF GEORGIA AUTHORIZED FARMERS - - - - -			\$15
FIFTEEN DOLLARS AND - - - - - NO/100			NO CHANGE PERMITTED
Good only for fresh fruits and vegetables. NOT GOOD AT GROCERY STORES. Valid only at Authorized Farmers' Markets.			AUTHORIZED PROGRAM VENDOR NUMBER:
	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div> Participant/Guardian/Proxy Signature	PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED VENDOR STAMP	

⑈00000103⑈ ⑆061119684⑆ 2072112390⑈

FD-5: Senior FMNP Check

GEORGIA FARMERS MARKET NUTRITION PROGRAM		UNITED COMMUNITY BANK	64-1968	00000103
		KENNESAW, GEORGIA	611	
CID - 1/9999		FIRST DAY TO USE: 03/23/12		
0000000020933 Zar, Lomb		LAST DAY TO USE: 03/31/12		
		VENDOR MUST DEPOSIT BY: 04/15/12		
PAY TO THE ORDER OF GEORGIA AUTHORIZED FARMERS				\$10
TEN DOLLARS AND				NO CHANGE PERMITTED
NO/100				
Good only for fresh fruits and vegetables. NOT GOOD AT GROCERY STORES.				
Valid only at Authorized Farmers' Markets.				
		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">Participant/Guardian/Proxy Signature</p>		<p>AUTHORIZED PROGRAM VENDOR NUMBER: -</p> <hr/> <p>PAYMENT WILL BE DENIED WITHOUT GEORGIA AUTHORIZED VENDOR STAMP</p>
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> ⑈00000103⑈ ⑆061119684⑆ 2072112390⑈ </div>				

FD-6: VOUCHER CYCLE PACKING LIST

COVANSYS CORPORATION
 LENEXA OPERATIONS CENTER
 13401 WEST 98TH STREET
 LENEXA, KANSAS 66215
 317/889-9281 800/899-7913

PROD. 04/27/15
 150171.G1

DU 032V
 NORTH FULTON REGIONAL HEALTH CENTER

ENCLOSED IS YOUR VPOD SUPPLY ORDER, CONSISTING OF:

CL	BOXES OF STOCK ORDERED	SERIAL NUMBERS ORDERED	SERIAL NUMBER RANGE CONSIGNED	USE THIS RANGE BY
602	8			
TOTALS	8	0		

RECEIVED AT CLINIC BY *Lina L. Bunker* DATE *4-30-15*

==> RETURN SECOND COPY TO YOUR D/U <==

CSC COVANSYS CORPORATION
 LENEKA OPERATIONS CENTER
 13401 WEST 98TH STREET
 LENEKA, KANSAS 66215
 317/889-9281 800/899-7913

PROD. 04/23/15
 150161.63
 42

DU 032V
 NORTH FULTON REGIONAL HEALTH CENTER

ENCLOSED IS YOUR REGULAR SUPPLY ORDER, CONSISTING OF:

CL	ITEM	NUMBER ORDERED	VOUCHERS PRODUCED	SERIAL NUMBER RANGE CONSIGNED
602	PREPRINTED SET W08	10	600	010100660 - 010100719
	PREPRINTED SET W08	10	600	010100720 - 010100779
	PREPRINTED SET W41	10	600	010100780 - 010100839
	PREPRINTED SET C01	10	600	010100840 - 010100899
	PREPRINTED SET C08	10	600	010100900 - 010100959
			260	

RECEIVED AT SITE BY *Amberly H. Ass* DATE 5-8-15
 ==> RETURN SECOND COPY TO YOUR D/U <==

FD-7: FORM AND MANUAL VOUCHER (SUPPLY ORDER FORM)

Supply Order Form

Order Information	
User Name: aainsley	Clinic: 064 - GORDON CO
District: 011	GORDON CO
Email: <input type="text"/>	Address: 310 North River Street
Order Date: 06/04/2015	Calhoun, GA 30701
VPOD Supplies	
On Hand	Requested
<input type="text" value="0"/>	<input type="text" value="0"/>
	Boxes of Paper Stock
Manual Vouchers for Hand Completion (GAC9)	
<input type="text" value="0"/>	Blank Manual Vouchers for WIC Foods (GAC9-EE)
<input type="text" value="0"/>	Blank Vouchers for Formula, Infant Foods, and Produce (GAC9-FIP)
Preprinted Manual Voucher Package Sets (GAC6)	
<input type="text" value="0"/>	Sets of Prenatal/Mostly Breastfeeding Woman Package (W08)
<input type="text" value="0"/>	Sets of Postpartum/Some Breastfeeding Woman Package (W28)
<input type="text" value="0"/>	Sets of Exclusively Breastfeeding/Prenatal with Multiples Woman Package (W41)
<input type="text" value="0"/>	Sets of Infant Birth - 3 Month Old Fully Formula Fed Package (A17)
<input type="text" value="0"/>	Sets of Infant 4 - 5 Months Old Fully Formula Fed Package (B17)
<input type="text" value="0"/>	Sets of Infant 6 - 11 Months Old Fully Formula Fed Package (D17)
<input type="text" value="0"/>	Sets of Child 1 - 2 Years Old Package (C01)
<input type="text" value="0"/>	Sets of Child 2 - 5 Years Old Package (C28)
Other Forms	
View/Print	Lost/Stolen/Destroyed/Voided Voucher Report Form
View/Print	Form and Manual Voucher Supply Order Forms
View/Print	Borrowed Voucher Report Forms
<input type="button" value="Place Order"/>	

FD-8: MANUAL VOUCHER INVENTORY LOG

STANDARD MANUAL _____ CLINIC _____ BALANCE BROUGHT FORWARD _____

DATE	BEGINNING NO.	ENDING NO.	NO.RECEIVED	NO. ISSUED	NO. VOID	NO. ON HAND	INITIALS	INITIALS

Revised 03/14

**FD-9: GEORGIA WIC PROGRAM IDENTIFICATION CARD
(ENGLISH)**

BRING THIS FOLDER FOR EACH VISIT TO THE GROCERY STORE AND CLINIC

APPOINTMENTS

APPT. DATE	TIME	VOUCHER PICK-UP/ NUTR. ED.	SUBSEQUENT CERTIFICATION – BRING YOUR CHILD(REN), PROOF OF I.D. PARENT/CHILD, RESIDENCY & CURRENT MEDICAID CARD OR INCOME	DATE OF LAST ISSUED VOUCHERS	THIRTY DAY PROOF MISSING EXP. DATE

PICK UP CODE: _____ VOUCHER INTERVAL CODE: _____


COMMENTS: _____

LOCAL AGENCY/CLINIC NAME:

ADDRESS:

PHONE:

FAX:



**Department of Public Health
Georgia WIC Program
1-800-228-9173**

NOT VALID WITHOUT WIC PROGRAM STAMP

WIC PROGRAM IDENTIFICATION CARD		EXP. DATE	EXP. DATE
PARTICIPANTS			
ID# & NAME			
ID# & NAME			
ID# & NAME			
ID# & NAME			
ID# & NAME			
ID# & NAME			
ID# & NAME			
ID# & NAME			

AUTHORIZED PERSON: Cashier must enter price before you sign your voucher(s)

* _____
PARTICIPANT/PARENT/GUARDIAN/ CAREGIVER SIGNATURE

* _____
SPOUSE/ALTERNATE PARENT/GUARDIAN SIGNATURE

Others authorized to pick up vouchers and food:
 *It is the responsibility of the participant to educate proxies on the proper use of WIC vouchers.

1. _____
ALTERNATE SIGNATURE: Must be 16 years or older

2. _____
ALTERNATE SIGNATURE: Must be 16 years or older

SIGNATURE OF WIC OFFICIAL

ISSUE DATE

BRING THIS FOLDER FOR EACH VISIT TO THE GROCERY STORE AND CLINIC

**Department of Public Health
Georgia WIC Program
RIGHTS AND OBLIGATIONS**

Your Responsibilities:

- To keep your appointments and be on time. If you cannot keep your appointment, call your local WIC office to reschedule as soon as possible.
- To bring all documentation requested to each appointment.
- To treat WIC and store staff with courtesy and respect.
- To participate in only one WIC clinic at a time. If I move, I can ask for a transfer card.
- Choose WIC or CSFP (Commodity Supplemental Food Program) to participate in. A person cannot be on both programs at the same time.
- Follow the rules when using WIC benefits. WIC staff will tell me how to use the WIC Vouchers when I am put on the program.
- To buy only the foods listed on my WIC Vouchers. I will use the foods only for the person on the program.
- I understand that if my WIC vouchers are lost or stolen, they may not be replaced.
- To report any changes in my income, family size, or eligibility for Medicaid, Food Stamps, or TANF.
- **You may be taken off the WIC Program if:**
- You do not tell the truth about all the information you give to WIC.
- You get benefits from more than one clinic at a time.
- You/child participate in CSFP and WIC at the same time.
- You do not follow the rules when using your WIC Vouchers.
- You use abusive language or are physically violent with clinic staff, store personnel, or other WIC clients.
- If you attempt to sell WIC foods, breast pumps, benefits and/or WIC vouchers by making a verbal offer of sale to another person or posting the items for sale in print or online, or allow someone else to do it for you.
- You miss appointments for two consecutive months.
- You use your vouchers to buy food that is not on the authorized WIC food list.
- You exchange your WIC food items after purchase for any item(s) not listed on the voucher.
- You threaten clinic staff, state staff, store manager or cashiers and or/security in the clinic. Your threat will lead to possible termination or you losing the privileged of coming to the clinic. If you lose that privilege, an alternate will act on your behalf for your child.
- You solicit other participants to violate program rules, including the selling of their vouchers.
- You commit any crime in the WIC clinic or on the grounds of the clinic.
- Your designated alternate engages in any of the listed items above

How to File a Complaint

If you feel you have been treated unfairly, please let us know by using the information listed below. Georgia WIC will assist you as well as notify the proper authorities if necessary.

ANY COMPLAINT

You may call Georgia WIC about any complaints at the toll free phone number below:

1-800-228-9173

and/or write about your complaint to the address below:

Georgia WIC Integrity Unit

**2 Peachtree Street, Suite 10-293
Atlanta, GA 30303**

DISCRIMINATION AND/OR CIVIL RIGHTS

If you feel that you have been discriminated against or that your civil rights have been violated, you may contact Georgia WIC by calling the toll free number 1-800-228-9173, and/or write about your complaint to the address below:

Georgia WIC Integrity Unit

**2 Peachtree Street, 10th Floor
Atlanta, GA 30303**

And/or you may contact the Federal Office of Adjudication directly by calling the phone numbers below:

1-866-632-9992

and/or you may write the Office of Adjudication at the address below:

**Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9140**

"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer."

Buying, selling or otherwise misusing WIC benefits is a crime. To report suspected abuse, call 800-424-9121 or visit www.usda.gov/oig/hotline.htm

VOUCHER INFORMATION

- Failure to keep appointments will reduce the number of vouchers you receive.
- The fruit and vegetable/cash value voucher can not be prorated. It must always be issued and must be issued in full value (e.g., \$7, \$8, \$10).
- Food packages will be prorated based on the total number of vouchers in the package.

Verification of Certification (VOC) Card

Please go by the local clinic and ask for a VOC Card if you are:

- Moving out-of-state
- A Migrant Farm Worker

The WIC Program is a **Special Supplemental Nutrition Program** for Women, Infants and Children (WIC) which improves the health and nutritional status of low-income, pregnant, breastfeeding and postpartum women, infants, and children up to age five (5).

GEORGIA WIC PROGRAM IDENTIFICATION CARD (SPANISH)

LLEVE ESTA CARPETA CADA VEZ QUE VAYA A LA TIENDA DE COMESTIBLES Y A LA CLÍNICA

CITAS

FECHA DE LA CITA	HORA	RECOGER CUPÓN / ED. NUTR.	CERTIFICACIÓN POSTERIOR - TRAIGA A SU(S) NIÑO(S). PRUEBA DE IDENTIFICACIÓN DE PADRE/MADRE/HUOJA). RESIDENCIA Y TARJETA ACTUAL DE MEDICAID O INGRESOS	FECHA EN QUE SE EMITIERON CUPONES POR ÚLTIMA VEZ	PRUEBA DE 30 DÍAS NO TIENE FECHA DE CADUCIDAD

CÓDIGO DE RECOGIDO _____

CÓDIGO INTERNO DEL CUPÓN _____

COMENTARIOS: _____

Departamento de Salud Pública
Programa WIC de Georgia
1-800-228-9173

TARJETA DE IDENTIFICACIÓN DEL PROGRAMA WIC

PARTICIPANTES

N.º de ID y NOMBRE	FECHA DE CADUCIDAD	FECHA DE CADUCIDAD

PERSONA AUTORIZADA: El cajero debe anotar el precio antes de que usted firme su(s) cupón(es)

* _____
FIRMA DEL PARTICIPANTE/PADRE/MADRE/TUTOR/CUIDADOR

* _____
FIRMA DEL CÓNYUGE/MADRE O PADRE ALTERNATIVO/TUTOR

Otras personas autorizadas para recoger cupones y alimentos:
*Es responsabilidad del participante instruir a sus apoderados sobre el uso adecuado de los cupones de WIC.

1. _____
FIRMA DEL (DE LA) APODERADO(A):
Debe tener 16 años de edad o más

2. _____
FIRMA DEL (DE LA) APODERADO(A):
Debe tener 16 años de edad o más

FIRMA DEL FUNCIONARIO DE WIC FECHA DE EMISIÓN

LLEVE ESTA CARPETA CADA VEZ QUE VAYA A LA TIENDA DE COMESTIBLES Y A LA CLÍNICA

NOMBRE DE LA CLÍNICA/AGENCIA LOCAL:

DIRECCIÓN:

TELÉFONO:

FAX:

Departamento de Salud Pública
Programa WIC de Georgia
DERECHOS Y OBLIGACIONES

Sus responsabilidades:

- Asistir a su cita y llegar a tiempo. Si no puede asistir a su cita, llame a la oficina local de WIC y reprograma la cita lo más pronto posible.
- Traer todos los documentos solicitados a cada cita.
- Tratar al personal de WIC y de la tienda con cortesía y respeto.
- Participar en una sola clínica de WIC a la vez. Si me mudo, puedo pedir una tarjeta de transferencia.
- Optar por participar en WIC o en el Programa de Productos Alimenticios Complementarios (CSFP, por sus siglas en inglés). Una persona no puede estar en dos programas a la vez.
- Seguir las reglas cuando use los beneficios de WIC. El personal de WIC me dirá cómo usar los cupones de WIC cuando ingrese al programa.
- Comprar solo los alimentos que figuran en los cupones de WIC. Usaré los alimentos solo para la persona inscrita en el programa.
- Entiendo que si mis cupones de WIC se pierden o son robados, es posible que no sean reemplazados.
- Notificar cualquier cambio en mis ingresos, tamaño familiar o derecho a recibir Medicaid, Cupones de Alimentos o TANF.
- **Usted puede ser suspendido del programa WIC si:**
- No dice la verdad sobre la información que le proporciona a WIC.
- **Usted recibe beneficios de más de una (1) clínica al mismo tiempo.**
- Usted o su hijo(a) participan en CSFP y WIC al mismo tiempo.
- No sigue las reglas al usar los cupones de WIC.
- Usted usa lenguaje abusivo o emplea violencia contra el personal de la clínica, el personal de la tienda u otros clientes de WIC.
- **Si trata de vender alimentos de WIC, sacaleches, beneficios o cupones de WIC mediante una oferta de venta verbal a otra persona o publica anuncios para la venta de los artículos en material impreso o por internet o permite que alguien lo haga en su nombre.**
- No asiste a las citas durante dos meses consecutivos.
- Utiliza sus cupones para comprar alimentos que no están en la lista de alimentos autorizados por WIC.
- Intercambia sus alimentos de WIC después de comprarlos por artículos que no figuran en el cupón.
- Amenaza al personal de la clínica, personal del Estado, gerente de la tienda o los cajeros y la seguridad en la clínica. Su amenaza dará lugar a la posible cancelación o pérdida del privilegio de ir a la clínica. Si pierde dicho privilegio, un apoderado actuará en su nombre para beneficio de su hijo(a)
- Solicita que otros participantes violen las reglas del programa, incluida la venta de sus cupones.
- Usted comete un delito en la clínica de WIC o en los predios de la clínica.
- Su apoderado participa en cualquiera de las actividades indicadas arriba.

Cómo presentar una queja

Si piensa que le han tratado injustamente, notifíquelo usando la información indicada a continuación. El programa WIC de Georgia le ayudará también a notificar a las autoridades pertinentes de ser necesario.

QUEJAS

Puede llamar gratis al programa WIC de Georgia acerca de cualquier queja al número de teléfono señalado a continuación:
1-800-228-9173
 o escribir sobre su queja a esta dirección:

Georgia WIC Integrity Unit
2 Peachtree Street, Suite 10-293
Atlanta, GA 30303

DISCRIMEN Y DERECHOS CIVILES

Si usted cree que se le ha discriminado o que se han violado sus derechos civiles, puede comunicarse con el programa WIC de Georgia llamando gratis al **1-800-228-9173** o escribiendo sobre su queja a la siguiente dirección:

Georgia WIC Integrity Unit
2 Peachtree Street, 10th Floor
Atlanta, GA 30303

También puede ponerse en contacto con la Oficina Federal de Arbitraje (Federal Office of Adjudication) directamente llamando al número de teléfono que aparece más abajo:

1-866-632-9992
 o escribiendo a la Oficina de Arbitraje (Office of Adjudication) a la siguiente dirección:

Office of Adjudication
1400 Independence Avenue, SW
Washington, DC 20250-9140

"El Departamento de Agricultura de los EE. UU. también prohíbe discriminar contra sus clientes, empleados y solicitantes de empleo por razones de raza, color, origen nacional, edad, discapacidad, sexo, identidad sexual, religión, represalia y, cuando corresponda, por creencias políticas, estado civil, estado familiar o paternal, orientación sexual o si todos o parte de los ingresos de una persona se derivan de algún programa de asistencia pública o por información genética protegida en cuanto a empleo o cualquier programa o actividad realizada o financiada por el Departamento. (No todas las razones serán pertinentes a todos los programas y actividades de empleo).

Si desea presentar una queja por discrimen de Derechos Civiles en un programa, llene el Formulario de Queja por Discrimen en un Programa del USDA (USDA Program Discrimination Complaint Form), que se encuentra en línea, en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para pedir el formulario. También puede escribir una carta que incluya toda la información que se pide en el formulario. Envíe su formulario de queja lleno o carta al U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a: program.intake@usda.gov.

Las personas sordas, con dificultades auditivas o con discapacidades del habla pueden ponerse en contacto con el USDA por medio del Servicio Federal de Transmisión de Información (Federal Relay Service) llamando al (800) 877-8339 o al (800) 845-6136 (en español).

USDA es un proveedor y empleador que observa la igualdad de oportunidades".

Comprar, vender o usar de manera incorrecta los beneficios de WIC constituye un delito. Para reportar sospechas de casos de abuso, llame al 800-424-9121 o visite www.usda.gov/oig/hotline.htm

INFORMACIÓN DE CUPONES

- Si no asiste a sus citas, se reducirá el número de cupones que recibe.
- Los cupones de frutas y vegetales o de valor en efectivo no pueden ser prorrateados. Se debe emitir siempre y debe ser emitido por el valor total (por ejemplo, \$7, \$8, \$10).
- Los paquetes de comida se prorratearán en función del número total de cupones en el paquete.

Tarjeta de verificación de la certificación (VOC)

Vaya a la clínica local y pida una tarjeta de VOC si usted:

- Se mudó a otro Estado
- Es un trabajador agrícola migrante

El Programa WIC es un Programa especial de nutrición complementaria para mujeres, bebés y niños que mejora la salud y el estado nutricional de mujeres de bajos ingresos, embarazadas, que practican la lactancia materna y están en el posparto, así como de bebés y niños de hasta cinco (5) años de edad.

FD-10: DAILY ROSTER/MAILED VOUCHER REPORT

DAILY ROSTER/MONTHLY MAILED VOUCHER REPORT

	Participant's Name	I.D. Number	Voucher Number (Range)	Number of Vouchers Returned	Signature of CPA	Date Returned	Replaced Voucher Numbers Lost/Stolen	Redemption Value of Lost Vouchers
D A I L Y								
End of Month Totals Date: _____	Total # of Participants: _____		Total # Issued: _____	Total # Returned: _____			Total # Replaced: _____	Total Redemption Value: \$ _____

*Redemption Rate must be completed by the District Office.

Revised 06/12

FD-11: BORROWED VOUCHER REPORT FORM

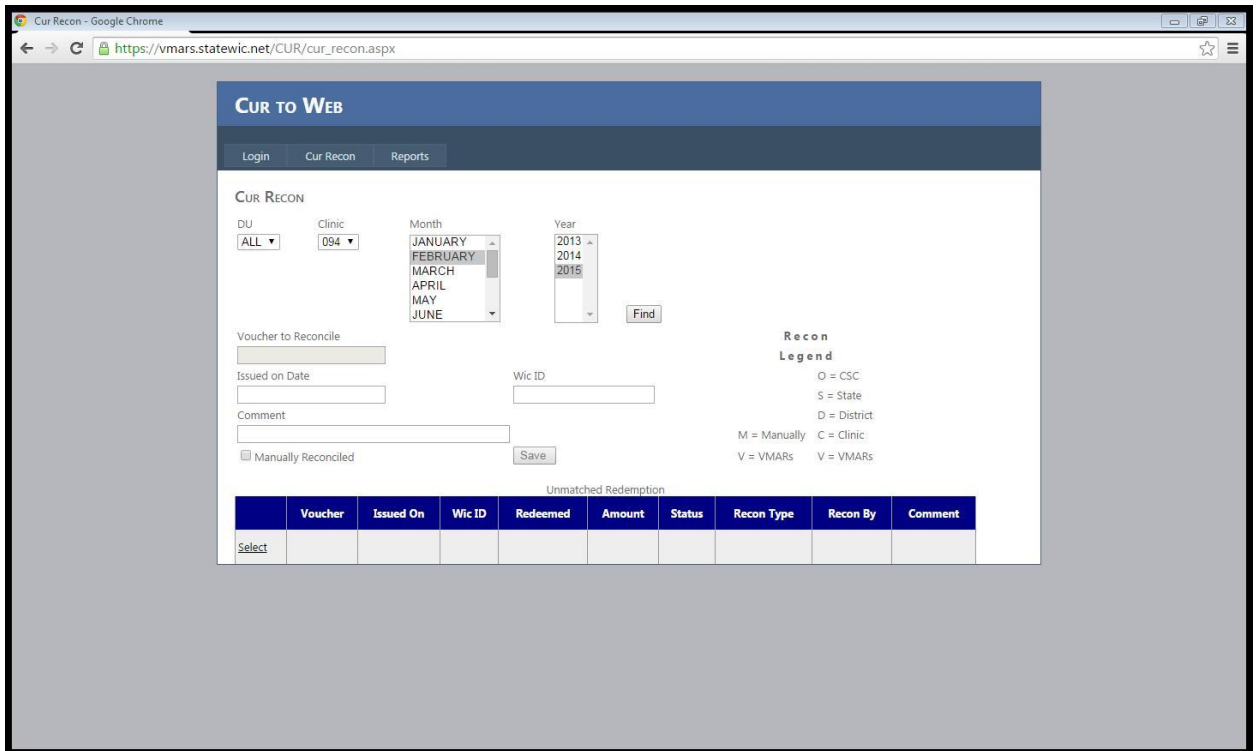
BORROWED VOUCHER REPORT FORM

GEORGIA WIC	BORROWED VOUCHER REPORT			
BORROWING DISTRICT/UNIT: <input style="width: 50px;" type="text"/> CLINIC: <input style="width: 50px;" type="text"/> DATE: <input style="width: 150px;" type="text"/>				
INSTRUCTIONS	<ul style="list-style-type: none"> • USE FORM TO REPORT MANUAL VOUCHERS BORROWED FROM ANOTHER CLINIC • RETURN TO CSC COV ANSYS AS SOON AS POSSIBLE. • MAIL TO: CSC COV ANSYS GEORGIA WIC PROGRAM PROGRAM UNIT 1000 N. MADISON AVENUE, SUITE GREENWOOD, IN 48142 • OR FAX TO: (317)889-9485 			
DISTRICT(S)	CLINIC(S)	BEGINNING VOUCHER NO.	ENDING VOUCHER	QUANTITY
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
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<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
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<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
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<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
REASON(S):				
<input type="checkbox"/> INSUFFICIENT QUANTITY	<input type="checkbox"/> ORDERED LATE	<input type="checkbox"/> ORDER NOT RECEIVED FROM CSC	<input type="checkbox"/> OTHER	
COMMENTS: _____				

DISTRICT OFFICE APPROVAL DATE: _____				
CSCCOVANSYS - WHITE COPY SWO - YELLOW COPY DISTRICT OFFICE - PINK COPY CLINIC - GOLD COPY				

Revised 3/11

FD-12: CUMULATIVE UNMATCHED REDEMPTIONS-CUR-TO WEB



FD-13: UNMATCHED REDEMPTION REPORT

Revised 03/15

PAGE 2 STATE OF GEORGIA WIC PROGRAM SYSTEM CLINIC PAGE 1
 REPORT EWRR300G UNMATCHED REDEMPTION REPORT D/U/CL 01-1-023
 ROME FEBRUARY 2008 RUN DATE 03/13/08

VOUCHER NUMBER	ISSUE DATE	WIC ID FAMILY	C P	REDEEMED DATE	AMOUNT	STATUS
19955351				02/29/08	78.65	REDEEMED
19957683				02/29/08	12.76	REDEEMED
19957686				02/29/08	16.26	REDEEMED
19957713				02/29/08	12.76	REDEEMED
19958770				02/29/08	8.48	REDEEMED
19958772				02/29/08	12.27	REDEEMED
19960920				02/29/08	8.68	REDEEMED
22705948				02/29/08	78.63	REDEEMED
22706194				02/29/08	13.46	REDEEMED
22707346				02/29/08	10.17	REDEEMED
22707347				02/29/08	10.17	REDEEMED
22707356				02/29/08	13.16	REDEEMED
22708545				02/29/08	78.63	REDEEMED
22711805				02/29/08	76.04	REDEEMED
22711810				02/29/08	8.48	REDEEMED
22712915				02/29/08	15.75	REDEEMED
22718917	02/01/08	146010279	9 1	02/26/08	9.93	REDEEMED-NO CERT
22718918	02/01/08	146010279	9 1	02/26/08	17.65	REDEEMED-NO CERT
22718919	02/01/08	146010279	9 1	02/26/08	11.21	REDEEMED-NO CERT
22718920	02/01/08	146010279	9 1	02/05/08	10.45	REDEEMED-NO CERT
22718921	02/01/08	146010279	9 1	02/14/08	11.52	REDEEMED-NO CERT
27561122				02/29/08	76.17	REDEEMED
27561126				02/29/08	80.82	REDEEMED
27567877	02/01/08	023006381	0 1	02/14/08	15.89	REDEEMED-NO CERT
27567878	02/01/08	023006381	0 1	02/07/08	11.86	REDEEMED-NO CERT
27567879	02/01/08	023006381	0 1	02/22/08	11.22	REDEEMED-NO CERT
27567880	02/01/08	023006381	0 1	02/27/08	16.59	REDEEMED-NO CERT
27570243	02/01/08	023010507	4 1	02/05/08	17.17	REDEEMED-NO CERT
27570244	02/01/08	023010507	4 1	02/05/08	21.21	REDEEMED-NO CERT
27570247	02/01/08	023010507	4 1	02/20/08	16.56	REDEEMED-NO CERT
27570452	02/01/08	023010027	3 1	02/06/08	11.59	REDEEMED-NO CERT
27570453	02/01/08	023010027	3 1	02/26/08	10.73	REDEEMED-NO CERT
27570454	02/01/08	023010027	3 1	02/06/08	16.24	REDEEMED-NO CERT
27570455	02/01/08	023010027	3 1	02/12/08	11.32	REDEEMED-NO CERT
27570456	02/01/08	023010027	3 1	02/22/08	9.21	REDEEMED-NO CERT
30556834	02/21/08	023005374	6 1	02/25/08	11.39	REDEEMED-NO CERT

TOTALS

	VOUCHERS	AMOUNT	REDEEMED	VOm/UNCL
NO MATCHING ISSUE	18	611.34	18	0
NO VALID CERT	18	241.74	18	0

GEORGIA WIC PROGRAM
LOST/STOLEN/DESTROYED

FD-14: VOIDED VOUCHER REPORT

GEORGIA WIC PROGRAM				LOST/STOLEN/DESTROYED VOIDED VOUCHER REPORT		
DISTRICT/UNIT/CLINIC:			DATE:			
INSTRUCTIONS	<ul style="list-style-type: none"> • USE THIS FORM TO REPORT VOUCHERS (COMPUTER OR MANUAL) WHICH HAVE BEEN LOST, STOLEN, OR DESTROYED BY EITHER THE PARTICIPANT OR THE CLINIC. • SUBMIT AT LEAST MONTHLY. • MAIL TO CSC COVANSYS <ul style="list-style-type: none"> • GEORGIA WIC PROGRAM • P.O. BOX 2507 • GREENWOOD, IN 46142 				Status Codes LOST/STOLEN/DESTROYED – 2 VOIDED - 3	
	BEGINNING VOUCHER NO.	ENDING VOUCHER NO.	QUANTITY	WIC I.D. NUMBER	STATUS	COMMENTS
TOTAL VOUCHERS:						

Revised 03/15

FD-15: Voucher Printed on Demand (VPOD) Receipt

GEORGIA WIC PROGRAM

WIC ID#: 00845610436 Name: SAMPLE, SAMPLE

Clinic/Sort Code: 087
 Date Printed: 04/15/2015
 User ID: CSC

Voucher#	Date	FPC	VC	Message 1	Message 2
56376490	04/14/2015	X87	730-		
56376491	04/14/2015	X87	730-		
56376492	04/14/2015	X87	730-		
56376498	04/14/2015	X87	730-		
56376499	04/14/2015	X87	730-		
56376500	04/14/2015	X87	730-		


I CERTIFY THAT I HAVE RECEIVED THE VOUCHERS LISTED ON THIS RECEIPT _____

Participant/Guardian/Proxy Signature

Printed On: 04/15/2015 02:55:29.890 PM to Source Technologies ST9720 XL

Revised 03/15

FD-16: INFANT BLANK MANUAL or VEGETABLE AND FRUIT VOUCHER

DIST / UNIT / CLINIC 09-2 354		WIC ID NUMBER		PARTICIPANT NAME		RSN	VOUCHER NO. 96079010 3	ISSUED BY
 GEORGIA WIC PROGRAM						96079010		
PAY TO THE ORDER OF ANY AUTHORIZED GEORGIA WIC VENDOR FOR THESE ITEMS / QUANTITIES ONLY - NO SUBSTITUTIONS								
CPA FOOD PACKAGE CODE		FOOD PACKAGE CODE		VOUCHER CODE				
FORMULA		INFANT FOODS		FRUITS AND VEGETABLES				
Name		INFANT CEREAL	oz infant	Fresh, frozen, or canned. No potatoes except sweet potatoes or yams. No products with added sugar, seasoning, fats, or oils. No creamed vegetables. No stewed or diced tomatoes.				
Form (circle one)	Powder Concentrate Ready To Feed	INFANT FRUITS AND VEGETABLES	4 oz jars	\$ <input type="text"/> <input type="text"/> <input type="text"/> Not to exceed \$15.00				
		INFANT MEATS	2.5 oz jars					
CONTAINER SIZE		NOTE: If using as a fruit and vegetable voucher then do not issue formula and/or infant foods.			PAY EXACTLY DOLLARS CENTS			
NUMBER OF CONTAINERS					SIGN HERE AT GROCERY STORE			
SIGN HERE AT WIC OFFICE				IMPROPER USE OF THIS VOUCHER IS SUBJECT TO STATE AND FEDERAL PROSECUTION				
UNITED COMMUNITY BANK 64-1968-611								

⑈96079010⑈ ⑆061119684⑆ 2072112382⑈

Revised 03/15

FD-17: VMARS STOCK PAPER TRACKING LOG

Balance of Reams Forward _____

VMARS Stock Paper Tracking Log

Date	Box #	Number of Reams Received	Beginning Serial Number	Ending Serial Number	Balance	Ream Issued	Staff Initials	Staff Initials

Revised 08/15

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I. INTRODUCTION

The Office of Inspector General’s WIC Program Investigations Unit (OIG) is responsible for investigating fraud and abuse within the Georgia WIC Program. The OIG’s WIC Program Investigations is made up of **three** Units: **Covert Investigations, the Northern Overt Investigations Unit, and the Southern Overt Investigations Unit.**

At the local agency level, OIG is responsible for investigating participant fraud, and investigating reports of missing or stolen vouchers. OIG will forward substantiated fraud claims to the local agency for final disposition, providing the local agency with all supporting evidence and findings associated with a specific investigation.

At the State Agency level, OIG routinely monitors and investigates retail grocery stores that are authorized to serve as Georgia WIC Program vendors for compliance with Georgia WIC Program policies and procedures. OIG utilizes the following methods to conduct compliance monitoring and investigations of vendors:

1. Covert compliance investigations
2. Overt monitoring visits
3. Inventory audits
4. Research of programmatic reports and databases

At the local agency and State Agency levels, OIG is responsible for investigating employee fraud. During the course of an investigation, all Department of Public Health employees are required to cooperate with and assist the Inspector General, upon request, with any type of investigation regarding alleged misconduct or criminal offenses. Employees must be available for interviews, truthfully answer questions related to the performance of their duties and DPH business, produce documents, and submit to polygraph examination, as requested (**Georgia Department of Public Health Policy #IG-14001, “Investigations Policy”**).

II. LOCAL AGENCY MONITORING AND CLINICAL REVIEWS

Clinic Voucher Integrity Checks will be randomly conducted statewide by OIG Investigators and will focus specifically on voucher issuance to WIC participants. Clinic Voucher Integrity Checks will be independent of the Georgia WIC Program Review Team.

Annually, the District Nutrition Services Director or designee will visit each WIC clinic in his or her District to review its clinical procedures, (**see “II. Quality Assurance Self-Reviews” section of the Local Agency Monitoring Section of the Georgia WIC Procedures Manual**). As part of the Quality Assurance Self-Reviews, **the District Nutrition Services Director should generate the Closeout Reconciliation Report (see Attachment CA-1), which provides the final disposition of all VMARS vouchers. If, based on the findings from the Quality Assurance Self-Review and/or Closeout Reconciliation Report, the District Nutrition Services Director determines that an investigation is warranted, a written notification and a completed Request for Investigation Form (see Attachment CA-5) must be submitted to the Georgia WIC Program Director and OIG. The Closeout Reconciliation Report should also be attached**

to the request for an investigation as OIG will use the Report to monitor the disposition of any vouchers that have a questionable status (e.g., voids, fail to sign, etc.).

Upon request, OIG will initiate an investigation that may include, but not be limited to, a review of a clinic's voucher inventory, redeemed vouchers, certification records, employee/relative participation in the Georgia WIC Program, and, if necessary contacting WIC participants to verify that vouchers were picked up. OIG may notify the Southeast regional office of the Food and Nutrition Services (FNS), an agency of the United States Department of Agriculture (USDA), of the impending investigation and provide them with status reports of the investigation periodically, or as requested.

The Georgia WIC Program will retrieve copies of redeemed vouchers when the District Nutrition Services Director determines the need during the course of an investigation. OIG will review copies of redeemed voucher that are requested copies for compliance with Georgia WIC Program procedures prior to them being forwarded to the local agency. A Georgia WIC Program Voucher Investigation Log should be used when requesting voucher copies from Georgia WIC Program (see Attachment CA-2).

III. PARTICIPANT FRAUD AND ABUSE

A participant violation is any action by a participant, parent/caregiver, or alternate that violates Federal or State statutes, regulations, policies or procedures that govern the Georgia WIC Program. See 7 CFR § 246.2. Participant fraud and abuse, such as using WIC benefits in any way other than the method and purpose for which they were intended, constitutes a participant violation under the federal regulations. Participant violations include, but are not limited to, the following activities:

1. Intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts to obtain benefits;
2. Exchanging WIC or supplemental foods for cash, credit, non-food items, or unauthorized food items, including supplemental foods in excess of those listed on the participant's food instrument; threatening to harm or physically harming clinic, farmer or vendor staff; and,
3. Dual participation.

The State Agency will sanction and issue claims against participants for all program violations. The State Agency maintains all records of WIC participant fraud or abuse, regardless of the dollar amount.

OIG routinely monitors for participant abuse. As part of its routine monitoring, OIG reviews reconciled Composite Dual Participation Reports (see Section A, below) monthly, and other system-generated reports, manual reports, and ad hoc reports to identify possible instances of participant fraud against the Georgia WIC Program.

The Nutrition Services Directors are required to distribute

A. Dual Participation

Dual participation occurs when a participant concurrently receives services from more than one WIC clinic. The ADP contractor downloads a Composite Dual Participation Report monthly, which is accessible to the Georgia WIC Program, OIG, and to each local agency on the Georgia WIC Information System (GWIS). The data in the

Composite Dual Participation Report is compiled into a composite state report as well as a report that is specific for each local agency. **The Nutrition Services Directors are required to pull the Composite Dual Participation Report for its District and distribute the local agency reports to the clinics in their respective Districts.** The local agency must use the report to investigate and reconcile each possible dual enrollment on a monthly basis.

If it is determined that further investigation is warranted following a local agency’s review and reconciliation of the report, a Dual Participation Report Investigation Form (**see Attachment CA-13**) must be completed and submitted to OIG. The Dual Participation Report Investigation Form must include the status of the participant(s) (e.g., active or terminated), each participant’s last voucher pickup date, the full name of the participant’s mother, guardian or caregiver, and the participant’s termination date, if applicable. The **Dual Participation Report Investigation Form** must also be signed and dated by the person who completed it. The reconciled Composite Dual Participation Report and the completed Dual Participation Report Investigation Form must be submitted to OIG within fifteen (15) days from the run date of the Composite Dual Participation Report on GWIS. Upon receipt of the form and reconciled Report, OIG will first eliminate obvious false duplicates by:

1. Transferring all actions taken by local agencies onto the statewide or composite report.
2. Notifying local agencies that have participants whose enrollment has not been reconciled.

The local agency must conduct further investigation until all alleged dual participation is resolved. The local agency may issue a warning letter to a participant (**see Attachment CA-3**), which is typically issued at the same time the Dual Participation Report and the completed Dual Participation Report Investigation Form are submitted to OIG.

The following are examples of possible dual participation scenarios and the recommended procedures for reconciling the Composite Dual Participation Report:

1. Participant(s) enrolled in the same local agency at the same clinic site.

Investigate to determine if there is any difference in the spelling of the first name. If so, twins may be enrolled. If the first names are spelled exactly the same, then investigate clinical records to determine if it is the same participant or different participants (e.g., cross reference dates of birth, addresses, social security numbers, etc.). If the clinical records indicate an instance of dual participation, document the finding(s) in the participant's health and issuance records, including the relevant participant information obtained, and the final action taken.

Note: **Data element #56 – Multiple Birth** allows the system to identify multiple births. This should reduce, if not eliminate, twins from appearing on the dual participation report. If the participant in question is a twin, indicate this by putting twin **A or B** after the first name on the TAD and the certification form.

2. Participant(s) enrolled in the same local agency at different clinic sites.

Investigate to determine if the participant has received vouchers at both clinic sites. If not, it is possible that two TADs were inadvertently printed. The TAD that is incorrect (based on the clinic site the participant is attending) must be deleted. If the participant has picked up vouchers in both sites for the same month, a case of participant abuse may exist. Refer to part **F** of this Section, "Participant Abuses and Sanctions", for guidance on how to proceed. Documentation of dual participation and final action on each case must be included in the participant's clinic file, and must be forwarded to OIG as an attachment to the Dual Participation Report.

3. Participant Enrolled in Different Local Agencies

Contact the other local agency to initiate a joint investigation of the individual(s). Each local agency should review its participant health and issuance records. If the participant has moved, the local agency from which the participant moved must terminate the participant. If the review of the participant records suggests that there is dual participation and/or intentional fraud is involved, refer to part F of this Section, "Participant Abuses and Sanctions", for guidance on how to proceed. Documentation of dual participation information and final action on each case must become a part of the participant's clinic file and must be forwarded to OIG.

B. Duplicate Participation Verification Form

The Duplicate Participation Verification Form (**see Attachment CA-10**) must be completed by the local agency when dual participation has been verified. The completed form must be routed as follows: white copy-ADP contractor, yellow copy-OIG, pink copy-District Office, gold copy-WIC Clinic. The Duplicate Participation Verification Form is used by a local agency to notify the ADP contractor to terminate a dual participant from a specific clinic. Once completed, the form must be mailed to the ADP contractor as soon as practicable after dual participation has been verified.

C. VMARS Dual Participation Notification

In addition to identifying dual participants through the Composite Dual Participation Report, dual participants can also be identified in real time with VMARS. Similarly, a Dual Participation Report Investigation Form (**see Attachment CA-13**) and all supporting documentation must be submitted to OIG to initiate further investigation.

A participant who is flagged by VMARS as a potential Dual Participant at the time of assessment should be investigated further by the local agency until all alleged dual participation is resolved. The local agency must contact the agency of issuance to verify a participant's most recent certification, last voucher issuance, and **complete all other**

checks to reconcile dual participants identified. Upon verification of dual participation, the local agency/clinic must immediately notify the participant or applicant that the certification cannot be processed, and that no additional vouchers can be issued without a transfer, or until the current certification has expired. See 7 CFR § 246.7(l)(3). Should the participant agree to a transfer, WIC staff should adhere to the guidelines listed in the Certification Section of the Georgia WIC Procedures Manual, Transfer of Certification: In-State Transfer. If the review of the participant records suggests that there is dual participation and/or intentional fraud is involved, refer to part F of this Section, "Participant Abuses and Sanctions", for guidance on how to proceed.

D. Detecting Dual Participation Along Bordering States

Federal regulation, 7 CFR §246.7(l)(2), requires the Department of Public Health to enter into agreements with other bordering State Agencies that administer the WIC Program for the purpose of detecting and preventing dual participation. Accordingly, the Georgia WIC Program has such agreements with the states that border Georgia to detect Dual Participation - Alabama, Florida, North Carolina, South Carolina, and Tennessee.

OIG will compare the participant data it receives from these border states to determine if Georgia WIC Program participants are also receiving benefits from the WIC Programs administered in the border states. OIG will also coordinate punitive action against any individual who is determined to be a dual participant, in compliance with federal WIC regulations.

E. Local Agency Follow-Up to Confirmed Instances of Dual Participation

When dual participation is confirmed, the local agency must issue a Warning Notice (see Attachment CA-16) and notify the participant that WIC services cannot be issued until all alleged dual participation is resolved. The local agency must make a referral to OIG within 24 hours of discovery of a participant's dual participation status. The referral should include supporting documentation regarding the intent by an individual to obtain WIC benefits from multiple clinics or local agencies. Referrals should be sent to the Deputy Inspector General onjennings@dhr.state.ga.us, or faxed to 770-359-4593.

Participants who knowingly deny being active at another location, or who intentionally attempt to receive benefits in multiple locations must be notified in writing of their dual participation status, and may be terminated from the Program and assessed a claim.

F. Participant Abuses and Sanctions

All actions taken as a result of participant abuse must be documented in the participant's health record. This includes, but is not limited to, verbal warnings, written warnings, suspensions, terminations, and disqualifications. With the exception of dual participation matters, if a local agency does not submit an incident report (Attachments CA-5), then all actions taken as a result of participant abuse are handled at the local agency level.

- 1) Claims Assessment. The Georgia WIC Program will assess a claim when it is determined that a participant violation has resulted in the improper issuance of benefits. See 7 CFR §§246.23(c) and (l)(4). The claim assessed will be for

the full value of the benefit that was improperly issued. OIG will forward substantiated participant abuses/violations to the local agency for final disposition, to include all supporting evidence and case findings and the OIG Claim Determination Form (**see Attachment CA-17**). The local agency will then issue a notification letter to the participant demanding repayment. Participants may opt to make repayment in full or in accordance with a repayment schedule (**see Attachments CA-11 and CA-12**). If restitution is not made within 30 days or in accordance with the agreed upon repayment schedule, the participant may be disqualified from the Georgia WIC Program. See 7 CFR §246.23(c)(1)(i).

If a local agency assesses a claim against a participant that is \$100.00 or more, based on dual participation, or that is a second or subsequent claim of any amount, it must also disqualify a participant for one year. See 7 CFR §246.12(u)(2)(i).

NOTE: Please reference Section IV, Procedures for Repayment of WIC Funds, for an overview of the procedures the local agency must take with respect to receipt of claims repayments remitted by participants.

- 2) Suspension/Termination from the Georgia WIC Program. In all cases of suspension or termination from the Georgia WIC Program, the participant must receive a Notice of Termination/Ineligibility/Waiting Form (**see Attachment CT-14**). The form must be completed by the local agency. A local agency may provide a warning before imposing a participant sanction (**see Attachments CA-3, CA-15, and CA-16**). See 7 CFR §246.12(u)(3). The specific WIC abuse must be entered in the appropriate space. A copy of the form must be filed in the participant's health record.
- 3) Exceptions to Imposition of a Sanction and Termination of a Sanction Period. The local agency may decide not to impose a mandatory sanction, or, in the case of a sanction having already been imposed, may permit a participant to reapply for WIC benefits before the end of a sanction period if:
 - a. A participant makes full restitution of an assessed claim within 30 days of receipt of the demand letter, or a repayment schedule is agreed upon by the local agency and participant (**see Attachments CA-11 and CA-12**); or,
 - b. In the case of an infant, child, or a participant who is under the age of eighteen (18) years, the local agency approves the designation of an alternate. See 7 CFR §246.12(u)(2)(ii) and (iii).

At the time of termination, the local agency must advise a participant of the procedure to follow to obtain a fair hearing (see Section V of the Rights and Obligations Section of the Procedures Manual, "Fair Hearing Procedures" Section). See 7 CFR §246.12(u)(4).

When appropriate, the local agency should refer participants who violate WIC requirements to federal, state, or local authorities for prosecution under applicable statutes. See 7 CFR §246.12(u)(5).

The following is a description of commonly occurring participant violations, the corresponding sanction that must be imposed, and the procedures that local agencies should follow. Please note that if a participant commits one or more of these violations and it results in the improper issuance of benefits, a claim must be assessed in addition to imposition of a sanction.

1. **ABUSE:** Simultaneous participation in the Georgia WIC Program in one or more WIC clinics (Dual Participation).

SANCTION: When dual participation is suspected, the state or local agency must take follow up action within one hundred twenty (120) days of detecting instances of suspected dual participation. See 7 CFR §246.7(l)(1). In all instances of dual participation, the participant must be immediately terminated from the Georgia WIC Program in all but one of the clinics. See 7 CFR §246.7(l)(3). However, when an investigation reveals that dual participation is the result of an intentional misrepresentation(s) made by a participant, a claim will be assessed against the participant for the full value of the improperly issued WIC benefits, and the participant will be disqualified from the program for one year. See 7 CFR §246.7(l)(4).

LOCAL AGENCY PROCEDURE: The local agency must notify the State Agency of any suspected dual participation, including dual participation resulting from a WIC participant's intentional misrepresentation to improperly obtain WIC benefits. All facts must be documented. The local agency must provide the State Agency with the following information:

- a. A copy of the front and back of the WIC Assessment/Certification Form that was signed by the WIC participant or an authorized representative.
- b. The serial numbers for all WIC vouchers issued to the WIC participant or authorized representative within the certification period.
- c. A copy of all documentation collected from a participant to determine eligibility for certification (e.g., participant's ID, parent/guardian's ID, proof of residency and income, etc.).
- d. A written summary of comparison between information that was provided by the WIC participant or authorized representative and what the actual information is believed to be, along with a statement from the Nutrition Services Director as to whether intentional misrepresentation is suspected.

Based upon the information provided by the local agency, the State Agency will make a determination as to whether there is dual participation, and a determination as to whether dual participation is the result of an intentional misrepresentation made by the WIC participant. The State Agency will submit its determination to the local agency, including the calculated dollar amount of the claim (**see Attachment CA-17**).

The local agency will then have seven (7) days from the date the State Agency submits its recommendation(s) to issue a Participant Repayment Letter to the participant (**see Attachments CA-11 and CA-12**). The letter must reference the participant violation associated with the assessed claim, the claim amount, the period in which participant is to remit payment in full to

the local agency, and the consequences for failure to do so. In no instance will repayment arrangements be extended beyond ninety (90) days from the date of notification to the WIC participant.

2. **ABUSE:** Intentionally making false or misleading statements or intentionally misrepresenting, concealing, or withholding facts. This includes, but is not limited to, information concerning income, family size, personal identification, residence, diet intake, and medical history.

SANCTION: When proof of abuse has been established, the participant will be terminated from WIC for a period not to exceed one (1) year.

LOCAL AGENCY PROCEDURE: The participant must be notified of his/her right to a fair hearing (see Section V of the Rights and Obligations Section of the Procedures Manual, "Fair Hearing Procedures" Section). If the violation resulted in the improper issuance of benefits, a claim will be assessed. See 7 CFR §246.7(l)(4). If the total amount of the claim is \$100.00 or greater, the State Agency is required to disqualify a participant for one year, unless it determines that it meets the criteria to except the mandatory disqualification.

3. **ABUSE:** The sale or exchange of vouchers or WIC food items with other individuals or parties; or making a verbal offer of sale to another individual.

SANCTION: When proof of abuse has been established, the participant will be terminated from WIC for a period not to exceed one (1) year.

LOCAL AGENCY PROCEDURE: The participant must be notified of his/her right to a fair hearing (see Section V of the Rights and Obligations Section of the Procedures Manual, "Fair Hearing Procedures" Section). If the total amount of the claim is \$100.00 or greater, the State Agency is required to disqualify a participant for one year, unless it determines that it meets the criteria to except the mandatory disqualification.

4. **ABUSE:** Receiving cash for vouchers from retail grocers that serve as WIC-authorized vendors, or receiving credit toward the purchase of unauthorized food or non-food items as a substitute for WIC-approved supplemental food items.

SANCTION: When proof of abuse has been established, the participant will be terminated from WIC for a period not to exceed one (1) year.

LOCAL AGENCY PROCEDURE: The participant must be notified of his/her right to a fair hearing (see Section V of the Rights and Obligations Section of the Procedures Manual, "Fair Hearing Procedures" Section). If the total amount of the claim is \$100.00 or greater, the State Agency is required to disqualify a participant for one year, unless it determines that it meets the criteria to except the mandatory disqualification.

OIG must be notified if this abuse is occurring in order for appropriate action to be taken with the vendor.

5. **ABUSE:** Speaking to clinic staff, vendor personnel, and/or other WIC participants in an obnoxious, threatening, obscene or derogatory manner.

SANCTION: If the violative behavior persists following issuance of a warning letter, the participant may be suspended for a period not to exceed one year.

LOCAL AGENCY PROCEDURE: The local agency will issue a warning letter to the participant (**see Attachment CA-15**).

6. **ABUSE:** Physically hurting, pushing, or engaging in inappropriate physical handling of clinic staff, WIC-authorized vendor personnel or property, and/or other WIC participants in the clinic/store.

SANCTION: If a local agency staff determines that the behavior is extensive and/or detrimental to clinic staff, the local agency may contact local law enforcement, in addition to suspending the participant(s) from the Georgia WIC Program for a period not to exceed one (1) year.

7. **ABUSE:** Internet and Social Media advertisement that involves the sale of WIC food instruments, breast pumps issued by WIC, or items purchased with WIC food instruments

SANCTION: Participant will be issued a warning letter. (**See Attachment CA-18**).

LOCAL AGENCY PROCEDURE: The local agency will issue a warning letter to the participant (**see Attachment CA-18**).

IV. PROCEDURES FOR REPAYMENT OF WIC FUNDS

A participant who is assessed a claim must submit his or her repayment or scheduled repayments to the **State WIC Office**. The repayment must be in the form of a cashier's check or money order payable to **"Georgia WIC Program"**, and sent to the following address:

Department of Public Health
Georgia WIC Program
Attn: Anthony McGaughey, Deputy Director of Program Administration
2 Peachtree Street, NW, 10th Floor
Atlanta, GA 30303

A participant must repay a claim within thirty days from receipt of the Participant Repayment notice (see Attachments CA-11). If a participant has elected to repay a claim in installments, and has notified the local agency as such, the claim must be repaid in accordance with the agreed upon schedule, but no later than ninety days from receipt of the Participant Repayment Schedule Notice (see Attachments CA-12). The Georgia WIC Program Abuse Claims Payment Report must be used to document repayment of funds (see Attachment CA-14).

If the full amount of the claim is not made within the ninety (90) day timeframe, the local agency will notify the Georgia WIC Program, which will, in turn, proceed with recovery actions prescribed under Georgia Statute. Failure to timely repay an assessed claim may also result in disqualification from the Georgia WIC Program. See 7 C.F.R. § 246.23(c)(1). When appropriate, the Georgia WIC Program must refer participants who violate Georgia WIC Program requirements to federal, state or local authorities for prosecution under applicable statutes. See 7 C.F.R. § 246.12(u)(5).

The Georgia WIC Program will continue collection actions until it determines that it is no longer cost effective. See 7 C.F.R. § 246.23(c)(1). The Georgia WIC Program **will maintain records of all participant abuse claims assessed and collected, regardless of dollar amount.**

The State Agency's participant claims collection efforts will be suspended if a participant requests a fair hearing. If a fair hearing decision is rendered in favor of the local agency, efforts to collect the claim amount must be resumed, even if the participant elects to exercise his or her post-hearing appeal rights.

V. GUIDELINES FOR INVESTIGATING EMPLOYEE ABUSE OF THE GEORGIA WIC PROGRAM

Georgia WIC Program employees who also receive benefits from the Georgia WIC Program are required to adhere to the Program's rules and regulations for WIC participation and to successfully perform his or her job responsibilities. As with any other WIC participant, Georgia WIC Program employees who are also certified participants are required to adhere to the Georgia WIC Program's rules and regulations for WIC participation, and will have the same rights and obligations as any other participant if sanctioned for commission of participant violations.

Suspected intentional participant abuse by a Georgia WIC Program employee will be investigated by OIG. Suspected intentional abuse by a participant is defined as a deliberate effort to violate Georgia WIC Program policies and procedures (e.g., illegally taking WIC vouchers, giving false/misleading information in order to become certified for WIC, etc.). When an OIG investigation confirms suspicions of intentional participant abuse by an employee, it may constitute employee misconduct. Any employee, who is certified as a Georgia WIC Program participant, and violates Georgia WIC Program policies and procedures may be terminated.

- A. Employees participating in the Georgia WIC Program will have the same rights and obligations as any other WIC participant; however, employees are not allowed to issue vouchers or certify themselves or family members.

- B. Action to be taken as a result of OIG investigation findings shall be based on State Law and DPH policy.
- C. The local agency requesting an order of prosecution, shall notify the Georgia WIC Program and Georgia WIC Program shall notify USDA-FNS. Prosecution shall be processed through the District Attorney's Office.
- D. The Georgia WIC Program recommends that any employee found to be abusing Georgia WIC Program should be removed promptly from issuing or processing WIC vouchers, without reappointment rights.
- E. The Georgia WIC Program will inform the USDA-FNS of WIC-related employee fraud at the conclusion of the investigation.
- F. The Georgia WIC Program **will maintain all records of employee abuse regardless of dollar amount.** Said records will be furnished to OIG during the course of an investigation.

VI. PROCEDURES TO REQUEST AN EMPLOYEE INVESTIGATION

- A. The District Health Director shall forward a letter requesting an investigation directly to OIG, and a copy of the letter must be forwarded to the Commissioner of the Department of Public Health.
- B. Contract agencies requesting an employee investigation must submit their written request to the Commissioner of the Department of Public Health. The Commissioner's Office will forward the request for investigation along with a cover letter to OIG.
- C. The results of an OIG's investigation will be forwarded to the employee's office director. OIG will also submit the results to the Nutrition Services Director, Program Manager, Health Director and a copy to the Georgia WIC Program.

VII. VENDOR COMPLIANCE INVESTIGATIONS

The Federal regulations governing the administration of the Georgia WIC Program authorize the Program to monitor authorized vendors for compliance with Georgia WIC Program rules, regulations, policies, and procedures. See 7 C.F.R. § 246.12(j)(1). OIG uses the following methods to conduct compliance investigations of authorized vendors:

1. Covert (undercover) investigations
2. Routine monitoring visits
3. Inventory audits
4. Research of programmatic reports and database.

A covert compliance investigation is an unannounced, undercover investigation of a WIC-authorized vendor for the purpose of ensuring that a vendor is in compliance with Georgia WIC Program policies and procedures. A covert compliance investigation consists of a series of compliance buys conducted by an undercover OIG Investigator. During a compliance buy, an OIG Investigator will pose as a WIC participant and use a WIC voucher(s) to purchase food items and document the transaction for Program compliance. Vouchers to be used by OIG in compliance investigations are generated by the Georgia WIC Program and from designated personnel at the local agencies. Investigations are documented using a WIC Transaction Report (WTR) **(see Attachment CA-6)**.

Authorized vendors are selected for covert compliance investigations based on their designation as a “High Risk” vendor; in response to a request for investigation made by a District or local agency; or, in response to a participant complaint submitted to the local agency, District, or State WIC Office against a vendor. If complaints are submitted to the local agency, the local agency must complete a complaint/incident form **(see Attachment VM-9)** and submit it to the State Agency for processing, which may include initiation of an investigation by OIG.

OIG will also initiate a compliance investigation when a District or local agency submits a Request for Investigation Form **(see Attachment CA-5)**. A Request for Investigation Form should be completed when a local agency has reason to believe that an authorized vendor or participant is violating Georgia WIC Program policies and procedures. A copy of the Request for Investigation Form should be sent as soon as possible to OIG to initiate investigation.

A. Documentation of Food Purchases Made During a Compliance Buy

At the conclusion of a compliance buy, the WIC food items purchased must be donated to a non-profit organization(s). See 7 CFR § 246.12(j)(6)(ii). Such non-profit organizations include but are not limited to:

1. City and County Fire Department(s)
2. City and County Police Department(s)
3. Retirement Homes
4. Battered Women Shelters
5. Church Organizations
6. Homeless Shelters
7. Salvation Army
8. Food Pantry (Bank)
9. Head Start Program
10. Boy Scouts
11. Girl Scouts

The covert investigator must complete a Food Donation List **(see Attachment CA-8)** and submit it to a non-profit organization for verification. A representative of the non-profit organization must sign the donation list to confirm the receipt of foods and may obtain a copy of the List for their records, upon request.

VIII. ASSESSMENT OF SANCTIONS FOR VENDOR VIOLATIONS AND PARTICIPANT ACCESS DETERMINATIONS

If the findings from a compliance investigation reveal that a vendor has committed violations of the regulations, procedures, and policies that govern the Georgia WIC Program, a vendor will be assessed a sanction(s) consistent with the severity and nature of the violation. Sanctions may include issuance of a warning notification, termination of the vendor agreement, disqualification, or assessment of a civil money penalty in lieu of disqualification (**see Attachment VM-3, *Sanctions and Sanction System***).

If a vendor commits programmatic violations that warrant disqualification from the Georgia WIC Program, the federal regulations require that the Georgia WIC Program first determine if doing so will result in inadequate participant access. See 7 CFR § 246.12(l)(1)(ix). Per Georgia WIC Program policy, inadequate participant access occurs when there is not another authorized WIC vendor within ten miles of the vendor who has committed the violation. As part of an investigation, an investigator will complete a Participant Access Verification Form (**see Attachment CA-7**) to identify the closest WIC-authorized vendor and the distance between it and the vendor who has committed the sanctionable violations. Verification of inadequate participant access is done in accordance with Georgia WIC Program's participant access criteria as stated in the Vendor Section of the Procedures Manual.

In the event disqualifying a vendor would create an inadequate participant access issue for WIC participants, a civil money penalty will be assessed in lieu of disqualifying the vendor from the Georgia WIC Program. The specific procedures and guidelines for assessing vendor violations and issuing sanctions can be found in **Attachment VM-3, Georgia WIC Program Vendor Handbook**.

IX. INVESTIGATION OF MISSING VOUCHERS/VERIFICATION OF CERTIFICATION CARDS (VOC)

OIG will investigate reports of missing or stolen vouchers and VOC cards. If an investigation reveals a violation(s) of the Georgia WIC Program's policies and procedures at the local agency level, a local agency may be subject to corrective action(s) and/or financial penalties.

When twenty-five (25) or more WIC vouchers, or five (5) or more VOC Cards are missing, the local agency must complete the Notification Summary of Missing Vouchers/VOC Cards (**see Attachment CA-9**). However, if five (5) or fewer VOC cards are reported missing again from the same clinic, OIG will make a special site visit. **When vouchers/VOC cards are discovered missing, WIC clinics are required to immediately notify their supervisor, the District Nutrition Services Director, and OIG.**

The Nutrition Services Director or designee must submit the Notification Summary to Georgia WIC Program Operations and Nutrition Services and OIG **within three (3) working days** of the discovery of missing vouchers/VOC cards. Immediately following initial contact from the local agency, the Georgia WIC Program will instruct the contract bank to place a stop payment on the missing vouchers, and will notify WIC vendors not to transact the missing vouchers.

For additional instructions on VOC cards, refer to Section XVII.J. of the Certification Section of the Georgia WIC Procedures Manual, Lost/Stolen/Destroyed EVOC or VOC Cards.

A. Manual Voucher Inventory

For those vouchers that are issued manually, the local agency must document the serial numbers of the manual vouchers that were lost or stolen on the Manual Voucher Inventory (see **Attachment FD-8**).

B. Georgia WIC Program Voucher Investigation Log

1. To request copies of WIC vouchers, a local agency/WIC clinic must complete a Georgia WIC Program Voucher Investigation Log (see **Attachment CA-2**). This form should be completed whenever any voucher copies are requested, with the exception of active OIG investigations. To complete the Log, enter the following information:
 - a. District/Unit
 - b. Current date
 - c. Reason for investigation (suspected fraud, etc.)
 - d. List voucher numbers
 - e. Issue date (date missing if manual voucher)
 - f. Clinic number
 - g. Sign and date.
2. Mail the completed Georgia WIC Program Voucher Investigation Log (**See Attachment CA-2**) to OIG, along with the Lost/Stolen/Destroyed/Voided Voucher Report (see **Attachment FD-18**). OIG will follow up with the local agency immediately on reports that indicate potential fraud.
3. Upon receipt of voucher copies, the local agency should conduct a review to determine if potential fraud exists. OIG must be notified within ten (10) days of the local agency's receipt of the voucher copies if further review or an investigation is required.
4. The local agency will work in conjunction with OIG during an investigation of missing vouchers. When the local agency's independent review reveals the existence of potential employee fraud, OIG must be contacted.

C. Stop Payment of WIC Vouchers

Upon notification, the Georgia WIC Program will immediately place a stop payment on WIC manual vouchers that are reported stolen from WIC clinics by notifying the contract bank to stop payment.

X. SECURITY OF ISSUANCE MATERIALS

A. Georgia WIC Program Stamps

1. Georgia WIC Program stamps must be stored in a locked desk, cabinet, or closet. The key which locks the desk, cabinet, or closet must be stored in a secure location.
2. Georgia WIC Program stamps must be stored in a location separate from WIC vouchers, ID cards, and VOC cards.

B. VOC Cards

1. VOC cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet, or closet must be stored in a separate and secure location.
2. VOC cards must be stored separately from the VOC card inventory log.

C. Georgia WIC Program ID Cards

1. ID cards must be stored in a locked desk, cabinet, or closet. The key that locks the desk, cabinet or closet must be stored in a separate and secure location.
2. ID cards must be stored separately from VOC cards, WIC vouchers, and Georgia WIC Program stamps.

Note: ID cards must not be pre-stamped for usage in the clinic.

XI. VOUCHER ISSUANCE SECURITY

A. WIC Vouchers

WIC vouchers are food instruments (e.g., checks, coupons, etc.) that are used by a participant to obtain supplemental foods. The Georgia WIC Program and the local agency have the responsibility to maintain control of and provide accountability for the receipt and issuance of supplemental foods and WIC vouchers. The Georgia WIC Program and the local agency must also ensure that there is secure transportation and storage of un-issued WIC vouchers.

In the event that unused vouchers are lost or stolen as a result of failure to follow security regulations, the local agency may be issued a repayment letter for the value of the lost or stolen vouchers in question.

1. Only authorized WIC personnel may have access to WIC vouchers and/or VMARS stock paper.
2. All vouchers and VMARS stock paper must be stored in a locked cabinet, desk, or closet, with the key stored in a secure location within the clinic (change location of keys occasionally).

3. When issuing vouchers from a computer, the authorized WIC representative must log out before leaving the workstation.
4. When more than one person is using the same terminal, each person must log out upon completion of their printing job.
5. Passwords must be changed every ninety (90) days at a minimum.
6. When a WIC representative resigns, or is no longer authorized to issue vouchers, the following procedures should be implemented:
 - a. Immediately delete employee's name from the system.
 - b. Change all passwords used by or accessed by the employee.
 - c. Change key to voucher security door (when applicable).
 - d. Change location of all security keys.

B. Voucher Security

Voucher stock must not be accessible to participants or other unauthorized persons. Except for the vouchers issued to the participant being served, multiple vouchers must not be placed on top of the issuance counter. One of the following methods must be used to assure at least minimum security for the voucher issuance station(s):

1. **Service Delivery Counter**, which will provide a shield between the issuance clerk and the participant;
2. **Half Door** may be used in a small clinic with only one clerk;
3. Vouchers must be kept three (3) feet out of the reach of the participants, or there must be a physical barrier between the vouchers and the participant.

C. Voucher Storage

At a minimum, when WIC clinics are closed, Districts must utilize at least one of the following voucher storage methods:

1. If vouchers are locked in a standard cabinet, the cabinet must be in a locked room, within a locked building;
2. A locked cabinet in a locked building with an alarm system;
3. A fire proof insulated security file cabinet with combination lock, securely attached to the floor, in a locked building;
4. A safe securely attached to the floor in a locked building;
5. A vault in a locked building.

D. Voucher Management and Reporting System (VMARS)

VMARS Printers must not be accessible to participants or other unauthorized personnel. The printers must be in a secure location and exclusively used to print VMARS vouchers.

E. Transporting Georgia WIC Program Vouchers

When transporting WIC vouchers, Georgia WIC Program stamps, and VOC cards to a clinic site, they must be secured in a locked box or locked briefcase (see Part IV, subpart E. of the Food Delivery Section, Transporting **VMARS** Vouchers from a Site within a Site). When vouchers are being delivered to a client in a hospital setting, the vouchers must be kept in a locked box, locked clipboard or locked brief case.

Attachments

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CA-1 CLOSEOUT RECONCILIATION REPORT

CLOSEOUT RECONCILIATION REPORT

D/U #: _____ CL #: _____

PAGE 20634
REPORT EWRR840G
GRADY MATL & INFANT CARE

STATE OF GEORGIA WIC PROGRAM SYSTEM
CLOSEOUT RECONCILIATION REPORT
FOR THE CLOSEOUT MONTH OF JUNE 1995

CLINIC PAGE 9
D/U/CL 09-1-259
RUN DATE 07/13/95

VOUCHER NUMBER	REFERENCE NUMBER	FAMILY	C	P	LAST	FIRST	VCHR TYPE	REDMO AMT	DATE ISSUED	STATUS DATE	CMNTS
25709399	55238283	999054599	2	1			055	10.61	04/06/95	05/10/95	
26499328	48629635	697012089	2	1	-		047	12.14	04/14/95	04/18/95	
26488329		697012089	2	1			039	.00	04/14/95		EXP
26488330	48629615	697012089	2	1			025	9.82	04/14/95	04/14/95	04/18/95
26488331	48629626	697012089	2	1			039	6.33	04/14/95	04/18/95	VOID
25709404	63771576	699126861	3	1			028	8.20	04/06/95	04/10/95	
25709405	63771588	699126861	3	1			031	8.92	04/06/95	04/10/95	
25709406	63771592	699126861	3	1			037	14.54	04/05/95	04/10/95	VOID
25709407	63771629	699126861	3	1			054	12.26	04/06/95	04/10/95	
25709412	63771624	999043937	5	1			047	12.14	04/06/95	04/10/95	
25709413	63771617	999043937	5	1			039	6.33	04/06/95	04/10/95	
25709414	63771570	999043937	5	1			025	9.82	04/06/95	04/10/95	
25709415	63771616	999043937	5	1			039	6.33	04/06/95	04/10/95	
25709420	52185535	697010260	1	1			047	12.22	04/12/95	04/19/95	
25709421	52185541	697010260	1	1			039	6.13	04/12/95	04/19/95	
25709422	52185557	697010260	1	1			025	10.37	04/12/95	04/19/95	
25709423	52185542	697010260	1	1			039	6.13	04/12/95	04/19/95	
26488336	63851783	697008023	7	1			031	8.92	04/11/95	04/13/95	
26488337	67212999	697008023	7	1			037	13.71	04/11/95	05/01/95	
26488338	63851787	697008023	7	1			039	6.33	04/11/95	04/13/95	
26488339	67213000	697008023	7	1			055	9.10	04/11/95	05/01/95	
26488344	67212970	699148954	0	1			028	7.18	04/06/95	05/01/95	
26488345	42701052	699148954	0	1			031	7.23	04/06/95	05/26/95	
26488346	63778323	699148954	0	1			037	14.54	04/06/95	04/10/95	
26488347	67212998	699148954	0	1			054	8.37	04/06/95	05/01/95	
26488352	63851800	695100454	5	1			068	58.87	04/11/95	04/13/95	
26488353	63851799	695100454	5	1			072	51.40	04/11/95	04/13/95	
25709428	63867366	697004511	5	1			031	8.92	04/11/95	04/13/95	
25709429	63867371	697004511	5	1			037	14.54	04/11/95	04/13/95	
25709430	63867382	697004511	5	1			039	6.33	04/11/95	04/13/95	
25709431	63857574	697004511	5	1			055	9.91	04/11/95	04/13/95	
25488356	42501104	999051530	7	1			031	8.92	04/11/95	05/12/95	
26488357	68637805	999051530	7	1			037	14.54	04/11/95	05/05/95	
26488358	42502548	999051530	7	1			039	6.33	04/11/95	05/12/95	
26488359	68637825	999051530	7	1			055	9.91	04/11/95	05/05/95	
26488364	42501097	697009847	8	1			031	8.92	04/10/95	05/12/95	
26488365	68637806	697009847	8	1			037	14.54	04/10/95	05/05/95	
26488366	42502547	697009847	8	1			039	6.33	04/10/95	05/12/95	
26488367	68637826	697009847	8	1			055	9.91	04/10/95	05/05/95	
25709436	63827114	999047451	3	1			031	6.87	04/06/95	04/10/95	
25709437	63827113	999047451	3	1			037	6.95	04/06/95	04/10/95	

CLINIC TOTALS			
	VOUCHERS	AMOUNT	
TOTAL VOUCHERS CASHED	805	11,199.66	
TOTAL VOUCHERS EXPIRED	73		
TOTAL UNMATCHED TO CERT RECORDS	0	.00	
TOTAL VOUCHERS ISSUED	878	11,199.66	(TOTAL OF CASHED AND EXPIRED)
VOIDED	135		
UNCLAIMED	0		
TOTAL VOUCHERS CREATED	1,013	11,199.66	(COMPUTED AND MANUAL VOUCHERS)

Revised 06/12

CA-2 GEORGIA WIC PROGRAM VOUCHER INVESTIGATION LOG

GEORGIA WIC PROGRAM
VOUCHER INVESTIGATION LOG

DISTRICT/UNIT: _____ DATE: _____

REASON FOR INVESTIGATION: _____

VOUCHER NUMBER	ISSUE DATE	CLINIC #	STATE WIC OFFICE USE ONLY		
			BOX #	PAID YES/NO	COMMENTS

COMPLETED BY: _____ DATE: _____

Routing : White Copy - State WIC Program, Yellow - Local Agency

Revised 3/12

CA-3 DUAL PARTICIPATION SAMPLE WARNING LETTER

DATE

Participant Name
 Participant Street Address
 City, State Zip Code

RE: DUAL PARTICIPATION WARNING NOTIFICATION

Dear Participant:

The Federal Regulations require that the State Agency and WIC local agencies work together to prevent and identify dual participation in the State of Georgia by WIC participants. See 7 CFR 246.7(l)(1). Upon review of your (your minor participant's) participant records, we have determined that there is a possibility that you (your minor) are simultaneously enrolled in the Georgia WIC Program (twice in in one WIC clinic / in more than one WIC clinic). Specifically, you were certified and enrolled in the Georgia WIC Program at WIC Clinic _____ on (date) _____, and, at the same time, you were also certified and enrolled in the Georgia WIC Program at WIC Clinic _____ on (date) _____.

As indicated in the Federal Regulations and on your Georgia WIC Program ID card, participating in more than one Georgia WIC Program constitutes a violation of the Georgia WIC Program regulations and policies. Information concerning our findings has been forwarded to the Office of Inspector General at the Department of Public Health for further investigation. Upon conclusion of the investigation, we will notify you of any action we decide to take to address this violation, including assessment of a claim to repay the amount of the WIC benefits you improperly received, termination from all but one of the WIC Programs you are enrolled in, suspension, and/or disqualification from the Georgia WIC Program for up to one year. to determine if you will be required to repay money back to the Georgia WIC Program.

If you have any questions concerning this matter, please call (insert name and title), at (enter phone number), or (enter alternate contact person and contact information), between the hours of (enter days and time of availability).

Sincerely,

District Nutrition Services Director
 District _____ Unit _____

"The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer."

Revised 06/14

CA-4 GENERAL APPOINTMENT LETTER

Date: _____

(Insert Responsible Party name) _____

(Insert mailing address) _____

(Insert city, state & zip) _____

Dear _____:

Your record was selected for review as it pertains to your WIC benefits eligibility. Therefore, on _____ (insert day, date, and time) _____, you are hereby requested to report to _____ (insert clinic or interview location name & address) _____ in order to resolve any discrepancies. You must bring your WIC ID card/folder to the appointment.

Please contact me at _____ (insert phone #) _____ if you have any questions.

Sincerely,

 Nutrition Services Director
 District _____ Unit _____

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Rev 03/14

CA-5 REQUEST FOR INVESTIGATION FORM

OFFICE OF INSPECTOR GENERAL REQUEST FOR INVESTIGATION		DATE:
TO: Ondray Jennings Deputy Inspector General 2 Peachtree Street NW, 9 th Floor Atlanta, GA 30303 onjennings@dhr.state.ga.us	FROM:	
NAME AND ADDRESS OF STORE or PARTICIPANT (INCLUDE STREET, CITY, STATE AND COUNTY)	VENDOR NUMBER	
	WIC ID/PARTICIPANT DOB/SSN	
NAME OF OWNER OR MANAGER		
ETHNIC MAKEUP OF STORE'S CLIENTELE		
HAS STORE BEEN PREVIOUSLY INVESTIGATED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
ARE THERE OTHER STORES UNDER THE SAME OWNERSHIP WHICH ARE AUTHORIZED FOR PARTICIPATION? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, fill in their names and address.		
TYPES OF ABUSES/ALLEGATIONS FOR WHICH INVESTIGATION IS REQUESTED:		
OTHER INFORMATION USEFUL TO THE INVESTIGATOR (PROVIDE ADDITIONAL SHEETS IF NECESSARY)		

Revised 03/14

CA-6 WIC TRANSACTION REPORT

Georgia Department of Human Resources Division Of Public Health					
WIC Program					
Voucher		WIC TRANSACTION REPORT (WTR)		Vendor Number	
Store Name and Address:		WTR Returned to WIC Agency:			
1. At the Check-out counter there (was/were) Person(s) in line ahead of me. On _____, at about _____, I entered the subject's store. I selected the item(s) specified below. The food instrument indicated above was used for this transaction. The clerk sold the item(s) below at a total cost of (if available) \$ _____. During checkout, the voucher was in plain view of the clerk who served the investigator. The price of the item(s) were marked on the item(s) or shelf, for item(s) not marked, they were verified by:					
2. Time: Entered Store:		Time Approached		Time Left Store:	
3. <i>Check List</i>		Y / N		Y / N	Y / N
Prices Marked on Foods or Shelf			Rang up Sale		Gave Receipt to Investigator
Recorded Price on Voucher			Checked ID Cards		
4. Comments					
5. Description of Clerk (Approximate)					
SEX	RACE	AGE	HEIGHT	WEIGHT	HAIR COLOR
6. Other Identifying Information:					
7. Identified During Transaction as (Title/Name):					
ELIGIBLE ITEMS SUMMARY OF PURCHASE					
QUANTITY	BRAND NAME		ITEM	PRICE	
INELIGIBLE ITEMS					
QUANTITY	ITEM			PRICE	
ITEMS REFUSED					
QUANTITY	ITEM				
I _____, an investigator of the Georgia WIC Program, Division of Public Health, make the above statement freely and voluntarily knowing that this statement may be used as evidence.					
Name:			Date:		
Title:			Investigator Signature:		

Form 3773 (7/00)
Revised 05/2015

CA-7 PARTICIPANT ACCESS VERIFICATION FORM

Participant Access Verification Form

District/Unit: _____ Vendor Number: _____

Name of Vendor under Investigation: _____

Address: _____

City: _____ State: _____ Zip Code: _____

WIC Vendor(s) within ten (10) miles of investigated vendor:

Name of Vendor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Distance in Miles: _____

List any Geographical Barriers:

Comments:

QA Investigator Signature _____ Date: _____

GEORGIA DEPARTMENT OF PUBLIC HEALTH
CA-8 GEORGIA WIC PROGRAM FOOD DONATION LIST

Vendor Number:

Date:

Milk

Type	Brand	Quantity/Size	Comment

Cereal

Type	Brand	Quantity/Size	Comment

Beans

Frozen
Canned
Fresh

Type	Brand	Quantity/Size	Comment

Cheese

Type	Brand	Quantity/Size	Comment

Juice

Canned/ Bottle
Frozen
Pourable

Type	Brand	Quantity/Size	Comment

Bread

Loaf
Buns
Tortilla

Type	Brand	Quantity/Size	Comment

Non-WIC Foods

Type	Brand	Quantity/Size	Comment

Tuna/Salmon

Type	Brand	Quantity/Size	Comment

Eggs

Type	Brand	Quantity/Size	Comment

Baby Foods

Foods
Formula
Cereal

Type	Brand	Quantity/Size	Comment

Peanut Butter

Type	Brand	Quantity/Size	Comment

Fresh

Fruits
Vegetables

Type	Brand	Quantity/Size	Comment

**GEORGIA WIC PROGRAM
DONATION LIST**

Organization Name:
Organization Representative Signature: _____
Phone#: _____
Address: _____
City: _____
Zip Code: _____
WIC Representative: _____
Revised 03/14

**GEORGIA WIC PROGRAM
CA-9 NOTIFICATION SUMMARY OF MISSING VOUCHERS/VOC CARDS**

Please use Ink.

<p>COMPLETE: When 25 or more WIC vouchers; 5 or more VOC cards; are missing. (A lost/stolen/voucher report must be completed for all missing vouchers) IMMEDIATELY: Notify Supervisor; Nutrition Services Director; and OIG. Complete the following information: (ALL SECTIONS MUST BE COMPLETED)</p>	
SECTION I	
Name of person who discovered the vouchers/VOC cards missing _____ D/U/C _____	
Name of person completing this form, if different from above _____	
SECTION II	
Name of person(s), who is responsible for vouchers/VOC cards at this clinic. _____	
SECTION III	
Number of Missing Voucher(s) _____ Number of Missing VOC Cards _____	
NOTE: A separate form must be completed if both Vouchers and VOC cards are missing	
Discovered missing:	Date _____ Time ____ am ____ pm _____
Supervisor notified:	Date _____ Time ____ am ____ pm _____
Coordinator notified:	Date _____ Time _____ am ____ pm _____
VOUCHER'S Beginning # _____	Ending # _____
VOC CARD'S Beginning # _____	Ending # _____
SECTION IV	
Complete a detailed summary of how vouchers/VOC cards were discovered missing: _____ _____	
Use additional sheets of paper if needed, and attach _____	
SECTION V	
List any additional information that would apply to this case. _____ _____	
Use additional sheets of paper if needed, and attach _____	
SECTION VI	
Signature of person completing report: _____	
_____ (Submit completed report to the District Nutrition Services Director/Person in charge)	
Person receiving the report: _____	Title: _____ Date: _____
(This signature is to verify receipt of this report, not to verify information on report)	
District Nutrition Services Director or designee shall submit a copy of this report to the State WIC Office and the Office of Inspector General within three (3) working days.	

Note: In the event that unused vouchers are lost or stolen as a result of an unsecured food instrument environment, thus resulting in USDA sanctions to repay the value of the lost or stolen vouchers in question, the Local Agency will be responsible for repaying the value of those food instruments.
Revised 03/14

CA-10 DUPLICATE PARTICIPATION VERIFICATION FORM

GEORGIA WIC PROGRAM

Duplicate Participation
Verification Form

DISTRICT/UNIT: [][][][][][] CLINIC: [][][][][][] DATE: [][][][][][][][][][][][][][]

INSTRUCTIONS	<ul style="list-style-type: none"> - USE THIS FORM TO REMOVE PARTICIPANTS FROM THE DUPLICATE PARTICIPATION REPORT - RETURN TO COVANSYS AS SOON AS POSSIBLE. - MAIL TO: COVANSYS COMPUTING, INC. GEORGIA WIC PROGRAM Unit 1499 WINDHORST WAY, SUITE 240 GREENWOOD, IN 46142 - OR FAX TO: (317) 889-9485
---------------------	---

THE FOLLOWING CLIENT(S) LISTED BELOW ARE LEGITIMATE PARTICIPANTS. PLEASE REMOVE THEM FROM SUBSEQUENT DUAL PARTICIPATION REPORTS

PARTICIPANT ID NUMBER										PARTICIPANT NAME

Revised 03/14

CA-11 PARTICIPANT REPAYMENT SAMPLE LETTER

Participant Name
 Participant Street Address
 City, State, Zip Code

RE: NOTICE OF ASSESSMENT OF A PARTICIPANT CLAIM FOR VIOLATIONS

Dear Participant:

Georgia's Special Supplemental Nutrition Program for Women, Infants & Children (Georgia WIC) has determined that, as a responsible party, you have committed one or more of the following violations against the Program:

- ___ Participated in dual clinics/counties/states
- ___ Intentionally made a false or misleading statement or intentionally misrepresented, concealed, or withheld facts
- ___ Sold or exchanged vouchers or WIC food items with other individuals or parties
- ___ Received cash from food vendors or credit toward other non-WIC items
- ___ Other: _____

Federal Regulation 7 CFR 246.23(c)(1)(i), provides that a claim will be assessed when it is determined that a participant violation has resulted in the improper issuance of benefits. Based upon the information above and pursuant to the federal regulations, the Georgia WIC Program is assessing a claim against you in the amount of \$ _____, which reflects the full amount of the WIC benefit that you were improperly issued based upon the violation committed. The claim amount is based on the value of the WIC benefit improperly issued from _____ to _____.

If you are unable to make restitution for this amount within 30 days of receipt of the letter demanding repayment, then please adhere to the attached repayment agreement. The repayment period cannot exceed 90 days from receipt of the letter. If restitution is not made within 30 days or in accordance with the agreed upon repayment schedule, the participant may be disqualified from the Georgia WIC Program, or. See 7 CFR §246.23(c)(1)(i).

Your repayment must be in the form of a cashier's check or money order, made payable to _____, and be submitted to:

[INSERT ADDRESS]

If you have any questions concerning this matter, please call (insert name and title), at (enter phone number), or (enter alternate contact person and contact information), between the hours of (enter days and time of availability).

Sincerely,

District Nutrition Services Director
 District _____ Unit _____

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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Revised 06/2014

CA-12 PARTICIPANT REPAYMENT SCHEDULE SAMPLE LETTER

Date:

**CERTIFIED MAIL RETURN
RECEIPT REQUESTED**

Participant Name
Participant Street Address
City, State Zip Code

RE: NOTICE OF ASSESSMENT OF A PARTICIPANT CLAIM

Dear Participant:

Per Federal Regulation 7 CFR 246.23(c)(1)(i), a claim must be established against a participant when it has been determined that a participant has received benefits as a result of a participant violation.

On (date), you received a Notice of Assessment of Claim, assessing a claim in the amount of \$____ for programmatic violations committed by you. On (date), you requested that a repayment schedule be established. This letter confirms your proposal to repay the total amount of the assessed claim, \$____, to the Georgia WIC Program in monthly installments of \$____. The following is the payment schedule that we will require you to follow until the full amount is recovered:

<u>DATE</u>	<u>AMOUNT</u>	<u>DATE</u>	<u>AMOUNT</u>
			Total

Please send a cashier's check or money order, made payable to the "Georgia WIC Program" and mail it to the following address:

[INSERT ADDRESS]

If you fail to make the payments on time, the full amount will be due immediately. If you fail to repay the full amount of the claim within the time frame provided above, you may be disqualified from the Georgia WIC Program for up to one year. See 7 CFR §246.23(c)(1)(i).

If you have any questions concerning this matter, please call (insert name and title), at (enter phone number), or (enter alternate contact person and contact information), between the hours of (enter days and time of availability).

Sincerely,

District Nutrition Services Director
District _____ Unit _____

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CA-13 DUAL PARTICIPATION REPORT INVESTIGATION FORM

Please complete and return the following information listed below. Please send the information to the requesting clinic as soon as possible.

DU/Clinic: _____

Name: _____

WIC ID: _____

Birth date: _____

Parent/Guardian's Name: _____

Date of last voucher pickup: _____

Date of Issue: _____

Is this client active or terminated? _____
 (If terminated, indicate term date and term code)

Termination Date: _____ Term code: _____

Has the client transferred into your area recently? _____

(If yes, give date; _____)

Date of last certification: _____

Participant's Social Security number: _____

Revised 03/14

CA-14 GEORGIA WIC PROGRAM ABUSE CLAIMS PAYMENT REPORT

Name of Participant: _____ ID# _____ DU# _____

Name of Vendor _____ Vendor# _____ DU# _____

Reason for claim:

Amount of claim:

Date of notification to participant: _____ Date fair hearing requested: _____

Date of final disposition of fair hearing/court mandate: _____

Repayment Schedule Agreement

Due Date: _____ Amount Due: _____
Payment to be submitted by: Clerk of Court [] Participant [] Vendor []

Date Paid:	Amount Paid:	Balance Due:	Initials

COLLECTED FUNDS ARE DEPOSITED IN A GENERAL ACCOUNT FOR FARMER'S MARKET MATCH FUND

Collection ceased due to:

- [] No longer cost effective Date: _____ Initials _____
- [] Unable to locate participant Date: _____ Initials _____
- [] Other _____ Date: _____ Initials _____

Was In-kind Service performed: YES [] NO []
If yes explain _____

Revised 03/14

CA-15 PARTICIPANT VIOLATION SAMPLE WARNING LETTER

Date:

Participant Name
 Parent/Guardian
 Address
 City, State, Zip

Federal Regulation 7 CFR 246.12(u)(3) provides that a warning may be provided to participants found to be in violation of Georgia WIC Program procedures before imposing a participant sanction. It has come to the attention of the Georgia WIC Program that you have committed the following participant violation:

[INSERT SPECIFIC PARTICIPANT VIOLATION COMMITTED, CLINIC IN WHICH THE VIOLATION OCCURRED, AND DATE(S) IN WHICH THE VIOLATIVE ACTIVITY OCCURRED]

This activity is a violation of your responsibilities as a participant, which is outlined in the Georgia WIC Program’s Rights and Obligations, a copy of which was provided and explained to you at certification.

Failure to comply with the rules and Rights and Obligations of the program may cause you and your family members to be terminated from the program. Attached please find a copy of the Rights and Obligations. Please review this document in its entirety.

If you have any questions concerning this matter, please call (insert name and title), at (enter phone number), or (enter alternate contact person and contact information), between the hours of (enter days and time of availability).

Sincerely,

District Nutrition Services Director
 District _____ Unit _____

c: Participant’s record
 Ondray Jennings, Deputy Inspector General

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**CA-16 GEORGIA WIC PROGRAM VMARS DUAL PARTICIPATION SAMPLE
WARNING LETTER**

(Date)

Dear Participant:

The Federal Regulations that govern the administration of the Georgia WIC Program consider dual participation a participant violation that will result the assessment of claims and/or a sanction against a participant. See 7 CFR §§ 246.2, 246.7(l)(3), and 246.12(u). However, in instances where the dual participation is the result of an intentional misrepresentation by a participant, that individual will be assessed a claim for improperly issued WIC benefits and may be disqualified from the Georgia WIC Program for a period of one (1) year. See 7 CFR §§ 246.7(l)(4).

Our records indicate that you intentionally made misrepresentations and/or falsified your information in an attempt to participate in two Georgia WIC Programs at the same time. Specifically, our records show that you were certified and enrolled in the Georgia WIC Program at (clinic) _____ on (date) _____, and you were also certified at (clinic) _____ on (date) _____.

As indicated in the Federal Regulations and on your Georgia WIC Program ID card, participating in more than one Georgia WIC Program constitutes a violation of the Georgia WIC Program regulations and policies. Information concerning our findings has been forwarded to the Office of Inspector General at the Department of Public Health for further investigation. Upon conclusion of the investigation, we will notify you of any action we decide to take to address this violation, including assessment of a claim to repay the amount of the WIC benefits you improperly received, termination from all but one of the WIC Programs you are enrolled in, suspension, and/or disqualification from the Georgia WIC Program for up to one year.

If you have any questions concerning this matter, please call (insert name and title), at (enter phone number), or (enter alternate contact person and contact information), between the hours of (enter days and time of availability).

Sincerely,

District Nutrition Services Director
District _____ Unit _____

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CA-17: OIG CLAIM DETERMINATION FORM



STATE OF GEORGIA
DEPARTMENT OF PUBLIC HEALTH
Office of Inspector General



OIG REPORT OF WIC CLAIM DETERMINATION

Date:

Participant Name:
Participant DOB:
WIC ID#:

Date of Discovery:

Total Agency Loss: \$ -

Responsible Party Name:
Responsible Party DOB:
WIC ID# (if applicable):

Participant County:
Participant Clinic #:
Participant District:

Proxy Name:
Proxy DOB:
WIC ID# (if applicable):

Responsible Party Address:
City, State, Zip:

Vendor Information (if applicable)

Vendor ID:
Vendor Name:
Vendor Address:
City, State, Zip:

Type of Program Violation:

Intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts. This includes, but is not limited to, information concerning income, family size, personal ID, residence, diet intake, and medical history.

Documentation of Improper Use of WIC Benefits:

Investigator Signature: _____

Conclusion Date: _____

OIG 12

Rev 8/13

Responsible Party Name: 0
DOB: 1/0/1900

Total Agency Loss: \$ -

Check Number	Presentment Date	Paid Amount
--------------	---------------------	-------------

CA-18 SAMPLE SOCIAL MEDIA WARNING LETTER

Date:

Participant Name
 Parent/Guardian
 Address
 City, State, Zip

It has come to the attention of the Georgia WIC Program that you have placed _____ for sale online. Selling items purchased with WIC vouchers is a violation of the policy and Rights and Obligations of the Georgia WIC Program.

This letter serves as a reminder that failure to comply with the policy and Rights and Obligations could lead to termination from the program and/or an assessment of a claim. Attached please find a copy of the Rights and Obligations. Please review this document.

If you have any questions, please contact **Name of Nutrition Services Director at phone number.**

Sincerely,

District Nutrition Services Director
 Title

c: Participant's Record
 Ondray Jennings, Deputy Inspector General

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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Revised 05/2015

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I. STATE AGENCY MONITORING

A. Introduction

The State agency will conduct an on-site monitoring visit every two (2) years at the local agencies contained within each of the nineteen (19) Public Health Districts state-wide, for the purpose of reviewing local WIC agency operations. Local agencies that are not monitored for the year will receive priority for on-site technical assistance. The purpose of the monitoring visit is to ensure local agency compliance with State WIC policies and Federal WIC regulations. The review will consist of an evaluation of program administration, staff training, voucher issuance, certification, clinic observation, record review, systems, equipment, food package assignment, nutrition education, and breastfeeding.

In order for the above areas to be thoroughly evaluated, it is necessary for the monitoring team to observe at least three (3) clinics in full operation. A minimum of three (3) certifications/subsequent certifications must be observed (one per clinic). If the monitoring team is unable to make these observations, they must reschedule that part of the review. The review cannot be closed until the clinic observations have been completed.

The monitoring team from the Georgia WIC Program will complete the on-site visit. Every effort will be made to conduct Operations, Nutrition, Systems and Breastfeeding portions of the review at the same time. Fiscal portions of the review are conducted individually.

District reviews may be conducted annually for clinics with specific problems (See Monitoring subpart I of Section I, *State Agency Monitoring: Special Site Visits*).

B. Monitoring Schedule

A schedule of on-site monitoring visits will be developed and coordinated by the Georgia WIC Program Review team prior to the start of each Federal Fiscal Year (FFY). A statewide schedule containing the dates and monitoring teams for each review will be sent to all local agencies.

The Nutrition Services Director will be notified by phone, approximately sixty (60) days prior to the review. A letter will then be sent to the Nutrition Services Director and the District Health Officer to confirm the dates and specifics of the review, the time and place for the entrance and exit conferences, and other logistics associated with the on-site review. All reviews will start at the District Office. A list of additional information that will be requested for the review (by the State) will be attached to the letter that is sent to the Nutrition Services Director. This list will identify information that must be submitted to the appropriate unit of the Georgia WIC Program one (1) month before the scheduled review.

C. Clinic and Health Record Selection

1. Clinic Site

Every two (2) years, twenty percent (20%) of the total number of clinics located in the local agency are randomly selected for monitoring. The largest clinic in each local agency may be monitored during each WIC review.

- a. Each local agency may have a maximum of six (6) clinics selected for review. If more than six (6) clinics are randomly selected, those in excess will be eliminated from the selection.
- b. Clinics that have not been reviewed for at least four (4) years may be selected in place of randomly selected clinics, to ensure regular reviews of all clinics.

2. Record Selection

Health records monitored during the WIC reviews will be randomly selected. The following constraints will be applied to the random selection:

- a. A minimum of ten (10) records through a maximum of thirty-two (32) records will be reviewed in each clinic. All records must be located and given to State staff within two hours of receipt of the record list being given to staff. The time of issue will be recorded on the records list. In addition, all records must be returned to state staff with the list of record attached. Failure to follow these procedures will result in a corrective action.
- b. Fifty percent (50%) of the records selected must be women's records. The remaining fifty percent (50%) will include infants and children. **Note:** If a record selected for review cannot be located in the clinic the day of the review, the local agency will be cited for a corrective action. Each criterion will be marked as missing for each chart that is not located. If a significant number of selected records cannot be located during the day of the review, a financial penalty based on the cash value total amount of vouchers per client per certification could be assessed against the District/Agency. Please reference the annual Intra-Agency Agreements between the Lead County and Non-Lead Counties in each District, which can be found in the Program Administration Section of the Georgia WIC Program Procedures Manual, Attachment AD-12, which states that the Non-Lead County(ies) must "provide the Lead County, Georgia WIC Program, and the DPH Office of Audits immediate and complete access to all WIC clinics and all records maintained by WIC clinics within the County. Records selected for review must be delivered to the reviewer as is without any corrections or modifications. Any corrections or modifications noted could be viewed as falsification of records.

Falsification charges could lead to dismissal for the employee who modified or corrected the record. The only exception to the rules for not locating records the same day is a local agency that has off-site storage for non-active WIC participants. If off-site storage is being used, the local agency has 24 hours to locate the record for the review team.

- c. Records for the WIC review will be pulled based on the last day of the review or re-review plus a one hundred twenty (120) day grace period. Example: If a District's last day of the review was 07/24/13, the record to be pulled will be dated on or after 11/25/13(calendar day).

Note: If the District has any controversy about dates, the State will continue to review based on the "five (5) year plus current" procedure. All records must remain on file for five (5) years plus current year for other audits (i.e., USDA, OIG, State, etc.).

3. Migrant Health Records

The Georgia WIC Program must review migrant health records during a local agency WIC review visit. The Georgia WIC Program will randomly select migrant health records for review.

- a. Where there is at least one clinic site with a minimum of twenty-five (25) migrants participating in the Georgia WIC Program, records are randomly selected according to the clinic and health record selection procedures.
- b. If a clinic site serving a significant number of migrants is not selected for review, migrant health records will be selected and reviewed according to the clinic and health record selection procedures.
- c. If a significant number of the migrant population is in a local agency service area and is not participating in the Georgia WIC Program, the state must evaluate the local agency's outreach efforts related to migrants. Prior to a review, the Georgia WIC Program will review the migrant report.

D. Pre-Review Activities

Prior to the on-site visit, state staff will review local agency reports and files in the State office. The Nutrition Services Director will be contacted about materials that need to be made available during the on-site review. **Pre- review information requested in the notification letter must be submitted to the program review team thirty (30) days prior to the date of the scheduled review. A District Program interview via conference call or Video Conference will be held with the Nutrition Services Director and her designated staff approximately two (2) weeks before the scheduled review.**

(See subpart B of Section I., *State Agency Monitoring: Monitoring Schedule*, second paragraph).

E. Files

Documentation and files to be considered during an on-site review include, but are not limited to, the following areas:

1. Past WIC Review Reports and Responses
2. Clinic Self-Reviews
3. Health Department Employee WIC Participation Form
4. Ethnic Enrollment Participation Report
5. Clinic Schedules
6. Outreach Activities
7. Waiting List(s)
8. Georgia WIC Program Procedures Manual
9. Georgia WIC Program Policy Memorandums
10. Federal WIC Regulations
11. Fair Hearing and Civil Rights Complaints
12. Participant Abuse Reports
13. Manual Voucher Inventories
14. Verification of Certification (VOC) Cards and Inventory
15. Batch Control Modules
16. Voucher Packing Lists
17. Copies of Manual Vouchers
18. Daily Activity Reports
19. Demographic Information
20. Voucher Management and Reporting System (VMARS) Receipts
21. Ineligibility Files
22. District Specific Policies and Procedures
23. Local Agency Nutrition Education and Breastfeeding Plan
24. Nutrition Education Materials
25. Breastfeeding Education Materials
26. Class Outlines
27. Staff Training Files
28. Equipment Inventory (current year)
29. Voter's Registration Files
30. Agreements with Other Agencies (other than Health Departments) Where WIC is Located.
31. Temporary Thirty (30) Day Certification Files
32. Formula Tracking Logs

- 34. No Proof File
- 34. Prenatal Re-appointment Documentation
- 35. Initial Contact Date Log
- 36. Home Visit Approval Forms
- 37. Separation of Duties/District Office Forms
- 38. Complaint File
- 39. CPA Orientation Checklist
- 40. CPA and Nutrition Assistant Continuing Education Records
- 41. District/Clinic-Created 999 Food Packages
- 42. Lost/Stolen/Destroyed Voucher Reports
- 43. Dual Participation File
- 44. Online Intake **Emails File**
- 45. Override Reports

F. Timeframes

The program review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review, the Georgia WIC Program contacts the local agency to discuss possible review dates.	Sixty (60) days prior to the scheduled date
Pre-Review Information to be sent to the program review team.	Thirty (30) days prior to the scheduled date of review
Pre-Review Video or Telephone conference call to the Nutrition Services Director to answer questions pertaining to policies and porcedures.	Two (2) weeks prior to the scheduled date of review.
The Georgia WIC Program prepares and submits a report of program observation and review to the local agency after the site visit/exit interview.	Within sixty (60) days of the exit interviews
The local agency submits a corrective action report to the Georgia WIC Program.	Within sixty (60) days of the date of receipt of program review report is received
The Georgia WIC Program submits a written response to the local agency report.	Within thirty (30) days of the receipt of local agency response
The local agency submits a written response to the Georgia WIC Program requests for additional information.	Within thirty (30) days of the date of the written request
Program review is closed.	Within one-hundred eighty (180) days of the exit interview, unless an extension was negotiated

Note: Failure to resolve any outstanding deficiency found during the review could result in a delay of funding for the next fiscal year.

G. On-Site WIC Review Visits

During the on-site visit, the local agency will provide the WIC State staff immediate and complete access to clinics and all records maintained by the WIC clinics within the local agency. Local agency staff will be asked to respond to questions asked by State staff. Local agency staff must be available to answer questions during the clinic visit. The average review for a district will take three (3) to five (5) days.

1. Entrance Conference

An Entrance Conference **will be held** to officially begin the review. The District Health Director, Program Manager, Nutrition Services Director, and any other pertinent staff are invited to participate in the entrance conference. During this conference, District staff will have the opportunity to provide an overview of their District and ask questions of the state monitoring team. State staff will:

- a. Make introductions
- b. Explain the purpose of the visit
- c. Briefly explain what will take place during the review
- d. Discuss pertinent District-specific information/data

2. Point Assignment

The local agencies (Administrative and Clinics) will be reviewed using the attached Monitoring tool. Each clinic will have its own individual Monitoring tool and points assigned. The Monitoring tool is broken down into four sections. Each section of the tool has points assigned. The total points per District is 1,000 (Administrative – 265 and District Clinic – 735). Each clinic reviewed has 735 points available. At the end of the review, the total points for each clinic will be added together and the average will be calculated to the Administrative score for the final District rating. The following is a break down for each section:

Administrative

- 1. Nutrition Unit – 170 Points
 - 2. Operations Unit – 80 Points
 - 3. Systems Unit – 15 Points
- Total Points – 265

District Clinic

- 1. Nutrition Unit – 275 Points
 - 2. Operations Unit – 446 Points
 - 3. Systems Unit – 14 Points
- Total Points – 735

The District ratings are listed below:

Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.

Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.

Good (800- 899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.

Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training **must be** conducted.

Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training **must be** conducted.

A passing score still may result in a Revisit (**see subpart H of Section I. State Agency Monitoring: Revisit - WIC Review**).

3. Exit Conference

An Exit Conference **will** be at the District Office **or a location of the Nutrition Services Director's choice** at the conclusion of the entire program review. Findings reported by the reviewers at the Exit Conference are preliminary. The final report will be forwarded to the local agency within sixty (60) days. The following will be discussed at this conference:

- a. Areas deserving commendation
- b. **Noteworthy** Achievements
- c. **Preliminary Findings**
- d. Recommendations

Note: A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days (60) from the date that the Program Review Plan of Correction Report was received. A corrective action plan is required for all items **with a required action; including items** rated as **satisfactory needs improvement and, unsatisfactory, which includes a plan for clinic monitoring for compliance and reporting progress to the state.**" In addition, below is a list of the Corrective Action Training Requirements for chart reviews:

Highlighted Red OR Highlighted Black - Requires Corrective Action Training:

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

H. Revisit – WIC Review

A revisit may be necessary due to the results of a program review. Listed below are some of the criteria, which will determine that a revisit is necessary:

Revisit WIC Review List

1. Operations Unit
 - a. Processing Standards
 - b. No Proof Form
 - c. Thirty-Day Form
 - d. Missing VOC Cards
 - e. Missing Signatures on Records
 - f. Missing Participant Records
 - g. Stolen or Missing Vouchers
 - h. No Inventory
 - i. Missing Signatures on Vouchers
 - j. Security Measures
 - k. Employee/Relative Certification/Voucher Issuance Process
 - l. Missing Stock Paper or Inventory

2. Nutrition Unit
 - a. Secondary Nutrition Education
 - b. Primary Nutrition Education
 - c. Risk Criteria
 - d. Missing Signatures or Documentation on Records
 - e. Inappropriate Nutrition Practices

Any other items as needed.

The District Nutrition Services Director will be notified by phone, approximately sixty (60) days prior to the re-visit. A letter will then be sent to the District Nutrition Services Director and the District Health Director’s offices to confirm the dates of the revisit, the time and place for the exit conference, etc. An entrance conference will be conducted during a re-visit. Revisits will start at the District office if the District office is being reviewed or a clinic scheduled for the revisit that is located near the District Office will be chosen as the starting point and the District Nutrition Services Director will be notified by telephone one (1) week before the revisit.

I. Compliance Site Visits

The Georgia WIC Program, in accordance with Federal WIC regulations, may make special site visits at any time.

Compliance Site Visit Procedures:

In the event of a special site visit by the Georgia WIC Program, the following procedures must be followed:

1. The Georgia WIC Program may contact the District Nutrition Services Director the day of visit.
2. After careful observation and investigation, a compliance visit summary with recommendations will be generated and submitted to the District Nutrition Services Director within thirty (30) days of the site visit.
3. Upon receipt of the report from the Georgia WIC Program, the District Nutrition Services Director must respond in writing to the Georgia WIC Program within thirty (30) days of receipt. All District responses must provide an improvement plan which includes strategies and activities to improve, a timeline for improved outcomes, and next steps. The districts may request technical assistance from the State WIC office.

J. Written Reports

The State will send an electronic report of the review to the District Health Director within sixty (60) days of the exit conference. The report will address areas of noteworthy achievement, recommendations, and corrective actions. The District will respond to all corrective actions within sixty (60) days from the date of the state agency report (see subpart F of Section I., *State Agency Monitoring: Timeframes*).

A written plan of correction must be developed for all program deficiencies identified during the program review. A District-wide Corrective Action Plan is due to the Georgia WIC Program sixty days from the date that the Program Review Plan of Correction Report was received. A corrective action plan is required for all items rated as **unsatisfactory or if a required action is listed, the plan must include what steps will be taken to correct the problems identified, the method used, and quality assurance steps, including an assessment or evaluation of the outcome**. In addition below is a list of the Corrective Action Training Requirements for chart reviews:

Highlighted Red OR Highlighted Black - Requires Corrective Action Training

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

The plan must ensure that the questions Who? What? When? Where? and How? are addressed. For example: who will be trained, what will the training be on, when will they be trained, where will the training be held, and how will the training be conducted?

NOTE: All training must be performed within sixty (60) days from the date the WIC Review Report is received by the district. Contact the Operations Unit for technical assistance in conducting trainings.

All supporting documentation must be included in this plan. Supporting documentation includes:

1. An agenda, dates of training, and a list of staff that attended the training.
2. A copy of all the memorandums sent out to local agency staff by the Nutrition Services Director addressing problems found during the program review.

3. Copies of information that could not be located during the on-site monitoring visit that relate to specific corrective actions.
4. Copy of training materials used (PowerPoint presentation, training packets, etc.)
5. Quality assurance plan for minimizing the chance of having the same required actions in the future

NOTE: The review will not be closed until all actions have been corrected in the plan for correction and all planned trainings have been conducted.

Once the State agency has received the local agency response to the written report, it may elect to do one or more of the following, based on the action plan:

1. Close the review.
2. Request additional information. This information will be due fifteen (15) days from the date of the request.
3. Make a follow-up-monitoring visit within six (6) months of the exit conference.
4. Offer technical assistance to help develop a corrective action plan or train local agency staff.

The local agency will receive written notification of the above from the State agency, within fifteen (15) days from the receipt of the action plan.

K. Close-Out Report

A written close-out report will be sent to the District Office upon the satisfactory resolution of all corrective actions. The close-out report is written documentation that the corrective action plan has been accepted and the program review is closed. All program reviews must be closed within one-hundred eighty (180) days of the exit interview.

L. Establish New Clinic Procedures

See Section XIII. of the Administrative Section of the Georgia WIC Program Procedures Manual entitled, *Establishing New Clinic/Clinic Changes*.

II. QUALITY ASSURANCE SELF-REVIEWS

A. Purpose

The purpose of Self-Reviews is to improve the quality of local agency program operations. Self-Reviews allow local agencies to assess compliance of program operations with the Georgia WIC Program policies and procedures. Early identification and resolution of non-compliance improves the quality and strengthens the operations of the local agency.

B. Conducting Self-Reviews

Internal Self-Reviews must be conducted annually. Half of the District clinics must be reviewed one year and all other clinics must be reviewed the following year. A schedule

of review dates and clinics and the name of person conducting the self-review, must be submitted to the Georgia WIC Program by September 30th of each year. **A summary of Self-Review performed during each quarter and the name of the person conducting the self-review, must be submitted to the Georgia WIC Program Operations Unit , this can be sent via email.**

The assessment will include all phases of the program operations. The "State of Georgia WIC Program's Local Agency Monitoring Tool" must be utilized **and completed in its entirety** to evaluate operations of each clinic in the district.

Note: The Financial Monitoring Tool must be used. The District is responsible for conducting Annual Financial Self-Reviews by June 30th of each year.

During the local agency Program Review, the State Review Team will review all documentation pertaining to the Self-Reviews. If repeated errors are found on a Self-Review, the District must conduct additional monitoring reviews and one-on-one training (e.g., errors in issuance of VOC Cards or the prorating of vouchers). Special attention must be given in the area of Voucher Issuance and VMARS receipts. This is an area where the coordinator could detect potential fraud. USDA recommends that a Nutritionist be a member of the Local Agency Quality-Assurance team conducting Self-Reviews.

A list of sites that will be reviewed, the dates of the reviews, and the name of person conducting the reviews must be submitted to the Georgia WIC Program quarterly. Self-Reviews are not required on clinic sites that were monitored by the State during that same fiscal year.

Note: The Nutrition Services Director must request the names of employees and family members enrolled on the Georgia WIC Program for internal audit purposes. This information is confidential and must be seen by the Nutrition Services Director only.

Attachments

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MO-1: Local Agency 2014 Monitoring Tool

STATE OF GEORGIA

DEPARTMENT OF PUBLIC HEALTH

GEORGIA WIC PROGRAM

**LOCAL AGENCY
FFY 2015
MONITORING TOOL**

SECTIONS:

OPERATIONS UNIT

FOOD INSTRUMENT ACCOUNTABILITY

NUTRITION SERVICES UNIT

SYSTEMS INFORMATION UNIT

MANAGEMENT EVALUATION TOOL FINAL SCORING SUMMARY					
DISTRICT RATING					
<p>Exemplary (950 - 1000) – The District provides efficient and effective quality services in all areas. Training may be needed.</p> <p>Excellent (900 – 949) – The District provides exceptional and proficient quality services. However, there are recommendations that should be implemented. Training may be needed.</p> <p>Good (800- 899) – The District has managed well. However, there are corrective actions that must be implemented. Training may be needed.</p> <p>Fair (700 – 799) – The District needs to provide more management support and a correction action plan must be implemented. Training must be conducted.</p> <p>Unsatisfactory (699 and below) – The District is not following policies/procedures in several areas. Training must be conducted and a corrective action plan must be implemented.</p>					
ADMINISTRATIVE					
DISTRICT:			DATE:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Operations	80		Nutrition	165	
			Systems	15	
Total Possible Points: 260			Total Awarded Points:		
DISTRICT CLINIC (S)					
1. Clinic:			4. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Operations	446		Operations	446	
Nutrition	280		Nutrition	280	
Systems	14		Systems	14	
Total Score:	740		Total Score:	740	
2. Clinic:			5. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Operations	446		Operations	446	
Nutrition	280		Nutrition	280	
Systems	14		Systems	14	
Total Score:	740		Total Score:	740	
3. Clinic:			6. Clinic:		
	POSSIBLE POINTS	POINTS AWARDED		POSSIBLE POINTS	POINTS AWARDED
Operations	446		Operations	446	
Nutrition	280		Nutrition	280	
Systems	14		Systems	14	
Total Score:	740		Total Score:	740	
FORMULA FOR CLINIC AVERAGE SCORE:					
<p>CLINIC #1 _____ + CLINIC #2 _____ + CLINIC #3 _____ + CLINIC #4 _____ + CLINIC #5 _____ + CLINIC #6 _____ = _____ DIVIDE BY (/) # OF CLINICS REVIEWED _____ = AVERAGE SCORE FOR DISTRICT CLINICS: _____</p>					
<p>Is follow-up required? Yes _____ No _____ (Please review the Plan of Correction Report)</p>					

**DISTRICT REVIEW
PRE-REVIEW AND INTERVIEW QUESTIONS – ADMINISTRATIVE MANAGEMENT
EVALUATION**

DISTRICT: _____

DATE: _____

	S	S N	U	N/A	See Quality Assurance District Review Work Sheet
A. COMPLAINTS					
1. Were complaints handled/ resolved according to program procedures?					Complaints Section
Comments:					
B. PROCESSING STANDARDS (5 Points)					
1. Is the district monitoring Processing Standards? (Review documentation of method used). 2. Are Online Intake Forms monitored by the District office? 3. Is the District monitoring the clients without issues report? 4. Was the district's processing standards system approved by the State WIC office?					
Comments:					

PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION

	S	SN	U	R	NA	
<p>C. REFERENCE MATERIAL</p> <p>1. Does the district have access to the current procedures manual and the action/information memos?</p> <p>2. Are staff meetings conducted?</p> <p>3. Was an Organizational chart available? (Attach a copy)</p>						
<p>D. HOME VISITS</p> <p>1. Were WIC Home Visits being made? (Request a copy of the approval forms).</p> <p>2. Were procedures followed for vouchers that are issued to participants in the home?</p>						
<p>E. CASELOAD MANAGEMENT (6 points)</p> <p>1. Does the clinic meet staffing standards? (Clinic staff ratio is one (1) administrative support staff per every 800 clients served)</p> <p>2. What is the current caseload for the district?.</p> <p>3. What is the district’s non-participation rate?</p> <p>4. What is the district’s plan for participant retention and increasing caseload?</p> <p>5. What is the district’s plan to reduce the clients without issues report?</p>						

PRE -INTERVIEW QUESTION FORM – DISTRICT CLINIC EVALUATION

COMPLIANCE –FOOD INSTRUMENT ACCOUNTABILITY

A. LOCAL AGENCY POLICY	S	SN	U	R	NA	
<ol style="list-style-type: none"> 1. What is the District's policy for issuing vouchers to eligible WIC employees and their family members? 2. Are any local agency staff receiving WIC benefits at the clinic site where they work? 3. Are any family members of WIC staff receiving benefits at the local clinic where the staff is employed? 						

NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM

Date:

Notes:

District Program Review Notes:

Note: District and Clinic review questions are completed for background tracking and education.

DISTRICT REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
I. FOOD PACKAGE ASSIGNMENT	Food Package Section (III, IV, V, VI)
A. Describe the protocol for infant food package changes from the contract formula to a non-contract formula.	
B. How are food packages assigned?	Food Package Section (III, IV, V, VI)
C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?	Food Package Section (VIII)
II. NUTRITION EDUCATION	AD (VII)
A. Training	
1. Describe the process for evaluating staff training needs.	
2. How do you assess the effectiveness of the training over time?	AD (VII)
B. Competent Professional Authority (CPA)	
1. Describe the process used to evaluate if CPA staff met the required 12 hours of continuing education yearly.	NE Section (V), Attachment NE-6
2. Describe the process utilized when CPAs receive less than the required 12 hours of continuing education.	NE Section (V), Attachment NE-6 Not directly addressed
C. Nutrition Assistants (NAs)	NE (IV), NE-Attachment III
1. Describe how Nutrition Assistants are utilized in your District.	
2. Has the training plan for NAs been approved by the Office of Nutrition? If yes, the date: _____	NE (VI)

NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM

DISTRICT REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
D. Participant Nutrition Education Contacts 1. Describe the system used to provide nutrition education quarterly for infants, children and breastfeeding women certified for > 6 month or to provide two (2) nutrition education contacts for non-breasting women and other participants certified for 6 months or less.	NE (VI)
2. Describe the method used to document secondary nutrition education contacts.	NE (VI)
3. Describe how failed secondary nutrition education contacts are documented.	NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)	BF (V) Gives examples for BF NE Section
5. Describe the system used to document secondary nutrition education contacts to participants identified as high risk.	NE (VI)
E. Nutrition Education Materials Are you able to locate adequate and appropriate nutrition education materials? • How do clinics order materials when their supply is running low?	NE Section (VIII)
III. Breastfeeding Promotion and Support	
A. Breastfeeding Coordination 1. Describe the major responsibilities and activities of the Breastfeeding Coordinator. What percent of their time is spent on breastfeeding activities? What are their credentials?	BF (IV), BF Attachment 3
2. Does the Breastfeeding Coordinator conduct activities District-wide or primarily in one location?	BF (IV)
3. How does the Breastfeeding Coordinator document participant contacts (i.e., counseling, classes)? What is the lag time between counseling and actual documentation, if any?	BF (IV)

NUTRITION DISTRICT PRE-INTERVIEW QUESTION FORM

DISTRICT REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
<p>B. <u>Encouragement to Breastfeed</u></p> <p>1. Describe how breastfeeding is encouraged and documented during the prenatal period.</p> <ul style="list-style-type: none"> • Take into consideration individual contacts, prenatal/breastfeeding classes, and other (Please specify.) 	<p>BF (IV, V)</p>
<p>C. <u>Breastfeeding Education and Training</u></p>	
<p>1. Describe how clinic staff is kept abreast about current breastfeeding information.</p>	<p>BF (IV)</p>
<p>2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.</p>	<p>BF (IV)</p>
<p>3. Describe what the local agency is doing to create a clinic atmosphere that is supportive of breastfeeding.</p>	<p>BF (IV)</p>
<p>4. Please describe any breastfeeding activities not addressed above (e.g., peer counseling, special projects, media exposure, etc.).</p>	<p>BF (IV)</p>
<p>IV. SPECIAL REQUESTS</p>	
<p>A. Are public health nutrition services available in your local agency outside of WIC?</p>	<p>Looking for District best practices.</p>
<p>B. Describe any special projects, initiatives, and/or accomplishments in the areas of breastfeeding, nutrition education and training being implemented in the local agency.</p>	<p>Looking for District best practices.</p>
<p>C. Does your District have an agreement or partnership with services/programs that serve the WIC population? Daycare _____ Head Start _____ Extension Services _____ Other Health Services Programs / List if applicable. _____</p>	<p>Looking for District best practices. Not required – no points</p>
<p>D. How can the Office of Nutrition staff assist in improving or enhancing Nutrition Education and Breastfeeding Plans and providing nutrition services?</p>	<p>Looking for District best practices. Not required – no points</p>

OPERATIONS UNIT ADMINISTRATIVE MANAGEMENT EVALUATION WORK SHEET

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review _____

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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AREAS OF REVIEW	S	SN	U	NA	COMMENTS
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A. INTERNAL COMMUNICATIONS

Administrative Section	1. Are staff meetings conducted?					1	
Administrative Section	2. Was an Organizational chart available? (Attach a copy)					1	

Comments:

A. OUTREACH

Outreach Section	1. Were all outreach activities documented and available for review?					2	
Outreach Section II.	2. Were grassroots organizations (Churches, Boys and Girls Clubs, etc.) contacted?					1	

Comments:

B. SEPARATION OF DUTIES

Certification Section XXVI., B.	1. Was separation of duties practiced at each clinic in the district?					2	
	2. Was the Separation of Duties/District Office form completed and received at the district office within 3 days? (See documentation)					1	
	3. Was the Separation of Duties/ District Office Form completed by the Nutrition Services Director/Designee and located at the district office?					1	
	4. Was the documentation in compliance with WIC rules and regulations? (See logs and certification documents).					2	

Comments:

C. TRAINING

Administrative Section	1. Is Procedures Manual training conducted annually for WIC staff? When? _____ By Whom? _____					3	
Administrative Section	2. Is the documentation for in-service training for WIC and non-WIC staff available? (See documentation)					2	

Comments:

OPERATIONS UNIT ADMINISTRATIVE MANAGEMENT EVALUATION WORK SHEET

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review _____

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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D. SELF-REVIEWS

Monitoring Section II., B.	1. Were Self Reviews conducted in the district?					2	
	2. Was a yearly Self Review plan submitted by September 30 th ? Was the Self Review Plan submitted to the Office of Nutrition and WIC quarterly?					2	
	3. Was the Monitoring Tool completed in its entirety?					2	
	4. Was the State's Monitoring Tool used?					1	

Comments:

E. FAIR HEARING

Rights and Obligations Section V.	1. Is Fair Hearing documentation available for review at the district level?					2	
	2. Were procedures followed?					2	
	3. Were timelines met?					1	

Comments:

I. CIVIL RIGHTS

Rights and Obligations Section IV., B.	Training 1. Were Civil Rights training conducted annually for local WIC staff? (district) When? _____ By Whom? _____					2	
Rights and Obligations Section IV., B.	2. Did the district's Civil Rights training meet the subject matter requirements? (Review documentation)					3	
	3. Is Civil Rights training a part of new employee orientation? (Review list of new employees and documentation of Civil Rights Training).					2	
Administrative Section Three, XIII.	New Clinics 1. When local agencies open a new clinic, were Civil Rights Pre-Approved/Pre Award Compliance Review conducted by district and State office?					1	
	2. Was the documentation sent to the Georgia WIC Program? (Review documentation)					1	

OPERATIONS UNIT ADMINISTRATIVE MANAGEMENT EVALUATION WORK SHEET

ADMINISTRATIVE FILES REVIEW

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for District Review _____

- 55 - 50 Points (S)
- 49 - 44 Points (SN)
- 43 - 0 Points (U)

DISTRICT: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
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	3. Was the agreement(s) sent to the state for approval prior to the site visit? (Review documentation)					1	
Rights and Obligations Section II.	Literature 1. Was the full Non-Discrimination statement on all district created materials? Effective April 1, 2014 (See Operations Unit "Prior To" Form – Administrative Management Evaluation).					2	

Comments:

VOC CARD INVENTORY

Certification Section XVII., F.	1. Were VOC Cards ordered and distributed by the district office?					1	
Certification Section XVII., G.	2. Was an inventory maintained?					1	
	3. Was the inventory accurate and contain all required components for receipt and distribution of VOC Cards?					1	
	4. Was the state's VOC Card Inventory Form utilized?					1	

Comments:

Total Rating /Points						55	
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OPERATIONS UNIT CLINIC EVALUATION WORK SHEET

CLINIC EVALUATION

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

Total Points for Clinic Review _____

- 230 – 207 Points (S)
- 207– 184 Points (SN)
- 183 – 0 Points (U)

Use Forms 1 – 8 to determine awarded points for each section. Record points from Forms 1 – 8 on the worksheet. Total worksheet to determine clinic score above.

CLINIC: _____

DATE: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. INELIGIBILITY/TERMINATION							
Certification Section XVI., A.	1. Notice of Termination/Ineligibility Forms <ul style="list-style-type: none"> • Was the Notice of Termination/ Ineligibility /Waiting List Form used appropriately if applicable? (See Form 1 – Chart Review for point assignment for this question) • Were the Termination Notices and applicable documentation in the Ineligibility file present and completed per procedures? (See Form 1 – Ineligibility File Review for point assignment for this question) 					5	
	2. Notification of Termination <ul style="list-style-type: none"> • Are participants who are terminated during a valid certification period notified prior to termination? • Are participants notified that their WIC certification is about to expire before termination and how are they notified? 					5	
Comments:							
B. TRANSFERS/VOC/EVOC							
Certification Section XVII., I.	1. Were the following items stored in a separate, secure location? <ul style="list-style-type: none"> a. Program Stamp b. VOC Cards c. VOC Card Inventory 					3	
	2. Were voided VOC cards marked VOID on the VOC Card Inventory Log?					1	
Certification Section XVII., H. and I.	3. Were procedures followed for VOC Card issuance and security? (See Form 2 for point assignment for this question)					1	

OPERATIONS UNIT CLINIC EVALUATION WORK SHEET

Certification Section XVII., G.	4. Were procedures followed for VOC Card Inventory maintenance? (See Form 2 for point assignment for this question)						1	
Certification Section XVII., I.	5. Was the old stock of VOC cards security destroyed in the event VOC cards were revised?						1	
Certification Section XVII., J.	6. Were any VOC Cards missing? ____ If so, were they reported to the Georgia WIC Program?						2	
Certification Section XVII., E.	7. Were procedures followed for EVOG Card issuance? (See Form 2 for point assignment for this question)						1	
Certification Section XVII., E., c.	8. Were procedures followed for EVOG Card reports? (See Form 2 for point assignment for this question)						1	

Comments:

C. VOTER REGISTRATION

Rights and Obligations Section VIII.	1. Are Voter Registration Declaration forms available for each day certifications are conducted in the clinic?						1	
	2. Were Voter Registration Batch forms completed and submitted to the Secretary of State's office?						1	

Comments:

D. NO PROOF

Certification Section VIII., C., 3., m.	1. Was the No Proof form used appropriately if applicable? (See Form 5 for point assignment for this question)						10	
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Comments:

E. THIRTY-DAY

Certification Section VIII., C., 3., n.	1. Was the Thirty-Day form used appropriately if applicable? (See Form 6 for point assignment for this question)						10	
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Comments:

F. REFERENCE MATERIALS

Introduction Section V.	1. Are Policy /Action memos current in the clinic?						1	
	2. Is the current fiscal year Procedures Manual in the clinic?						1	

Comments:

OPERATIONS UNIT CLINIC EVALUATION WORK SHEET

G. RECORD REVIEW							
Certification Section	1. Were procedures appropriately applied for WIC certifications? (See Form 3 for point assignment for this question)					69	
Comments:							
H. CLINIC OBSERVATION							
Certification Section	1. During the observation were appropriate procedures used to complete the certification process? (See Form 4 for point assignment for this question)					46	
Comments:							
F. PROCESSING STANDARDS							
Certification Section IV., A.	1. Is there a system (a personal visit log, WIC Certification/Assessment Form or an appointment book) available for documenting and tracking initial contact dates and Processing Standards? Was the system/log completed in its entirety? (See Form 7 for point assignment for this question)					5	
Certification Section III., B.	2. Did the initial contact date recorded on the log and the Certification Form match? (See Form 7 for point assignment for this question)					5	
Certification Section IV. A. and C.	3. Are Processing Standards being met? (See Form 7 for point assignment for this question) If not, was an extension requested by district? (See Operations Unit "Prior To" Form – Administrative Management Evaluation)					5	
	4. Are the online intake emails maintained in the clinic?					2	
	5. Are appointments made within processing standards timeline?					3	
Comments:							
G. MISSED APPOINTMENTS							
Certification Section III., G.	1. Was a Prenatal Missed Appointment Log maintained? Was the log completed in its entirety? (See Form 7 for point assignment for these questions)					5	
	2. Did the original prenatal certification appointment meet Processing Standards? (See Form 7 for point assignment for this question)					5	

OPERATIONS UNIT CLINIC EVALUATION WORK SHEET

Certification Section IV., A.	3. Were missed certification appointments rescheduled for prenatal women? (See Form 7 for point assignment for this question)						5	
	4. Did the rescheduled appointment meet processing standards for prenatal women? (See Form 7 for point assignment for this question)						5	
	5. Are the clients without issues report used to reschedule participants who missed voucher pickup or recertification?						4	
Administrative Section Three, VII.	6. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? View postcards or other documents mailed. (See Form 7 for point assignment for this question)						1	
Comments:								
H. CIVIL RIGHTS								
Rights and Obligations Section IV., D.	1. Is the local agency in compliance with program policy regarding racial ethnic coding and filing of participants' records? (Review Clinic Records)						2	
Rights and Obligations Section II.	2. Was the full current non-discrimination statement on all Clinics created materials?						3	
Comments:								
L. CLINIC STAFF QUESTIONS								
	1. Was the staff knowledgeable of the procedures required to serve WIC applicants/participants? (See Form 8 for point assignment for this question)						20	
Comments:								

OPERATIONS EVALUATION FORMS

- Form 1 Ineligible Certification Work Sheet
- Form 2 VOC/EVOC Security & Issuance Report
- Form 3 Record Review
- Form 4 Clinic Observation
- Form 5 No Proof Monitoring Form
- Form 6 Temporary Thirty (30) Day Certification Record Review
- Form 7 Processing Standards / Prenatal Missed Appointment Logs Review
- Form 8 Clinic Staff Questions

INELIGIBLE CERTIFICATION WORK SHEET

Review five (5) records in each clinic of individuals found ineligible at the time of certification and/or of individuals who were terminated from the Program within the last year. *Note: This information may be retrieved from the Ineligibility file.*

- 90 – 100 (10 Points S) 50 – 79 (6 Points U)
- 80 – 89(8 Points SN) 0 – 49 (0 Points U)

CLINIC: _____

DATE: _____

CHART REVIEW – N/A _____ (check N/A if terminations are not available for review time period)						Possible Points	Points Awarded
Participant’s Name						100	
Termination Date							
COMPLETION OF TERMINATION NOTICE –WAS THE FORM COMPLETED IN IT’S ENTIRETY 27 POINTS (PLACE TOTAL POINTS BELOW THE QUESTIONS)							
<ul style="list-style-type: none"> Was the date documented? (3 points) Was the demographic information recorded?(4points) Was “You are not eligible” or “You are being terminated” checked?(4points) Was the reason for termination checked? (4points) Was the Fair Hearing Section completed? (4points) Was the participant/parent/caregiver/guardian/alternate signatur recorded?(4points) Was the WIC respresentative signature recorded? (4points) 							
Comments:							
TERMINATION CODE							
1. What termination code was used to determine ineligibility or termination? _____						3	
Comments:							
CERTIFICATION FORM & SUPPORTING DOCUMENTATION							
1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was “A”?						5	
2. Did the Certification Form contain the signature, title, and date of the person that determined eligibility?						5	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was “A”?						5	

4. Were proof copies stamped or scanned with the date of receipt?							5	
---	--	--	--	--	--	--	----------	--

Comments:

INELIGIBILITY FILE REVIEW – N/A _____ (check N/A if terminations are not available for review time period)
(check the Termination Notices and applicable documentation in the Ineligibility file)

COMPLETION OF TERMINATION NOTICE WAS THE FORM COMPLETED IN IT'S ENTIRETY?	Yes/No/NA	Possible Points 27	Points Awarded
Was the date documented? (3points)			
Was the demographic information recorded?(4points)			
Was "You are not eligible" or "You are being terminated" checked? (4points)			
Was the reason for termination checked? (4points)			
Was the Fair Hearing Section completed? (4points)			
Was the participant/parent/guardian signature recorded? (4points)			
Was the WIC representative's signature recorded?(4points)			

Comments:

TERMINATION CODE

1. What was the termination code submitted for ineligibility or termination? _____ Was the code correct? _____		3	
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Comments:

CERTIFICATION FORM & SUPPORTING DOCUMENTATION

1. Was the income section of the Certification Form completed, dated and signed if the reason for termination or ineligibility was "A"?		5	
2. Did the Certification Form contain the signature, title, and date of the person that determined eligibility?		5	
3. Was a copy of income proof present with the Certification Form if the reason for termination or ineligibility was "A"?		5	
4. Were proof copies stamped with the date of receipt?		5	

Comments:

VOC/EVOC SECURITY & ISSUANCE REPORT

- 90 – 100(11 Points S) 50 – 79(4Point U)
- 80 – 89(8 Points SN) 0 – 49(0 Points U)

CLINIC: _____

DATE: _____

DISTRICT/CLINIC ISSUED VOC CARDS/PHYSICAL INVENTORY										
State/District Issued VOC Cards		Amount Issued	Date Issued	VOC Cards on Hand		# of Cards on Hand	Requested Cards Accounted For?	2 Staff Initials Recorded?	District & Clinic #'s Match?	Is Inventory Accurate?
Beg #	End #			Beg #	End #		5	5	5	10

Comments: _____ Possible Points – 25
Points Awarded - _____

VOC CARD SECURITY REPORT (Pull 5 Participant Records)-N/A _____
(check N/A if VOC cards were not issued during review time period)

Participant's Name									
Participant's Birth Date									
Date VOC Card was Issued									
Was the Parent/Guardian/Caregiver Signature on the Log?									5
Did the Signature on the Log and Certification Form Match?									5
Was the Termination Notice issued?									10
Did the Termination Notice contain the required signatures?									5

Comments: _____ Possible POINTS – 25
Points Awarded - _____

CLINIC EVOC CARD REPORTS

Are the EVOC Reports printed quarterly and filed by year? EVOC	Yes ___ N/A ___ No ___
1. How many staff are authorized to print EVOC Cards? _____	
2. Does review of EVOC log indicate any irregularities?	

Comments: _____ Possible Points – 15
Points Awarded - _____

EVOC CARD SECURITY REPORT (Pull 5 Participant Records)-N/A _____
(check N/A if EVOC cards were not issued during review time period)

Participant's Name									
Participant's Birth Date									
Date EVOC Card was Issued									
Was a copy of the EVOC Card Filed in the Participant's Chart?									5
Was the Clinic Information Stamped or Printed on the EVOC Card?									5
Was the EVOC Card Signed by the Participant/Parent/Guardian?									5
Was the EVOC Card Signed by the WIC Representative?									5

Was the Termination Notice issued?						10
Did the Termination Notice contain the required signatures?						5
Comments:						Possible Points – 35 Points Awarded -

RECORD REVIEW

Review the following criteria in the records randomly selected.

- 90 – 100 (69 Points S)
- 50 – 79 (40Points U)
- 80 – 89(55 Points SN)
- 0 – 49% (0 Points U)

CLINIC: _____

DATE: _____

An average (~) of 90 - 100 for each criteria receives the assigned possible points

PARTICIPANT'S NAME & WIC ID Number	~	Possible Points	Points Awarded
CERTIFICATION DATE		100	
DEMOGRAPHICS			
1. Were the demographics (Name, Address, etc.) completed?		2	
2. If P.O Box was recorded as the address, was the form for Applicants with a P.O. Box completed and filed in health record?		2	
Comments:			
PROCESSING STANDARDS			
1. Was the initial contact date recorded?		6	
2. Did a break in service occur? _____ <ul style="list-style-type: none"> • If so, was the initial contact date changed? 		6	
3. Was an online intake email used to make the appointment?		2	
4. Did the online email contain the date received and date of appointment?		2	
5. Were processing standards met?		6	
Comments:			
PROOFS			
1. Was proof of residency recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
2. Was proof of identification for the participant recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
3. Was proof of identification for the parent/guardian recorded and a copy stamped dated and filed in the record or scanned into the computer?		4	
Comments:			

INCOME								
1. Was the date recorded for the income information?							1	
<ul style="list-style-type: none"> • Presumptive Eligibility • Was Medicaid eligibility status recorded? 							3	
<ul style="list-style-type: none"> • Was the Medicaid number and eligibility date recorded? 							3	
<ul style="list-style-type: none"> • Was TANF documented? 							3	
<ul style="list-style-type: none"> • Was the TANF verification filed in the record? 							3	
<ul style="list-style-type: none"> • Was SNAP documented? 							3	
<ul style="list-style-type: none"> • Was the SNAP verification filed in the record? 							3	
2. Was the number in family recorded?							1	
<ul style="list-style-type: none"> • Income Documentation • Was income information recorded accurately? 							1	
<ul style="list-style-type: none"> • Was zero income accepted? • If yes to the above, was the following question answered? How do you obtain food, shelter, clothing and medical care? 							2	
<ul style="list-style-type: none"> • Was the income source recorded and a copy stamped dated and filed in the record or scanned into the computer? 							2	
<ul style="list-style-type: none"> • Was No Proof accepted as source of income? If so, was the form completed in its entirety and filed in the record? 							2	
<ul style="list-style-type: none"> • Was a letter from employer accepted as proof of income? _____ • If yes, was the letter from employer on letterhead or attached to a No Proof form? 							2	
<ul style="list-style-type: none"> • Were staff initials recorded for residency, identification and income verification? 							1	
<ul style="list-style-type: none"> • Single/Multiple Income • Was only one income reported checked? 							1	
<ul style="list-style-type: none"> • If no to the above, was the Income Calculation Form used? 							1	
Comments:								

CERTIFICATION VALIDATION								
Was participant physically present? ____ <ul style="list-style-type: none"> If no, was the exempt reason documented in the record? 							2	
Signatures/Titles <ul style="list-style-type: none"> Was the printed name/title of staff person verifying the participant/parent/guardian signature recorded? 							3	
<ul style="list-style-type: none"> Was the signature/title of staff person verifying the participant/parent/guardian signature recorded? 							3	
<ul style="list-style-type: none"> Was the participant/parent/guardian's printed name and date recorded? 							3	
<ul style="list-style-type: none"> Was the participant/parent/guardian's signature/date recorded? 							3	
<ul style="list-style-type: none"> If proxy signed above, was proxy letter completed and filed in record? 							2	
Was choice to authorize disclosure of sharing participant information initialed?							3	
Comments:								
ELIGIBILITY RECORDING								
Was participant categorically eligible?							4	
Was it documented that participant was income eligible/ineligible?							4	
Comments:								
SUPPORTING DOCUMENTATION								
Was current immunization status recorded?							1	
Was the error correction procedure used?							1	
Was a VOC/EVOC card issued? (Migrants only)							1	
Comments:								
Note: Make copies of this form for Record Review.								

CLINIC OBSERVATION

CLINIC: _____		DATE: _____					
<input type="checkbox"/> 90 – 100(46 Points S) <input type="checkbox"/> 50 – 79 (20 Points U) <input type="checkbox"/> 80 – 89 (36 Points SN) <input type="checkbox"/> 0 – 49% (0 Points U)							
Name of Person Observed: _____							
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible %	% Awarded
						100	
A. ENVIRONMENT							
Special Population Section III.,E.	1. Are WIC facilities accessible to persons with special needs (ADA)?					3	
Emergency Plan Section V., A. and B.	2. Is this a new or renovated facility that is accessible and operational during power failures?					1	
Comments:							
B. CONFIDENTIALITY							
Certification Section VIII., A., 2.	1. Does the clinic offer privacy for the certification process (income screening, health screening and counseling)?					10	
Comments:							
C. SIGNS							
Certification Section I.	• Is the “No Charge for WIC Services” sign posted in the clinic?					5	
Rights and Obligations Section IV., F.	• Is the “How to File a Complaint” sign posted in the clinic?					5	
Administrative Section Three, IX.	• Are “No Smoking” signs posted? (N/A if a DPH Building)					5	
Special Population Section III., B.	• Is the “Interpreter” sign posted in a visible place?					5	
Rights and Obligations Section IV., A.	• Is the “Justice for All” sign posted in a visible place?					5	
Comments:							
D. CUSTOMER SERVICE							
Administrative Section Three, XXVII.	1. Were scheduled participants waiting for long periods of time?					5	
Comments							

E. CERTIFICATION PROCEDURES (CHECK-IN)							
Certification Section II., B.	1. Was the applicant present at certification?					2	
Certification Section XXX.	2. Was the staff in the clinic using the Interview Script to determine Race and Ethnicity?					5	
Rights and Obligations Section IV., D.	3. Are the current race codes being utilized? (See Operations "Prior To" Form – District Clinic Evaluation)					2	
Certification Section XXVI., C., 6.	4. Were participants informed of their rights and obligations and the form signed?					5	
Certification Section XXV., B.	5. Were the applicants/participants informed on "How to File a Complaint" at the initial contact, certification, and/or recertification?					5	
Rights and Obligations Section VIII.	6. Is each participant offered an opportunity to register to vote?					1	
Comments:							
F. SPECIAL POPULATION/INTERPRETERS							
Special Population Section III., B.	1. Was the Interpreter sign discussed or shown to the applicant/participant?					2	
	2. Were waivers completed when the applicant or participant brought their own interpreter?					1	
	3. Were services available for LEP clients? (See Operations "Prior To" Form – District Clinic Evaluation)					2	
Comments:							
G. PROOFS							
Certification Section V.	1. Was proof of ID required for initial certification and prenatals? Was it an approved form of ID? Was the proof copied and stamped with the date of receipt or scanned into the computer? Woman ___ Infant ___ Child ___ Type of proof accepted _____					4	
Certification Section II., C.	2. Was proof of residence required for initial certification or if a change occurred? Was it an approved form of residency? Was the proof copied and stamped with the date of receipt or scanned into the computer? Type of proof accepted _____					4	

CLINIC OBSERVATION

Certification Section II., D	3. Was proof of income required for certification/re-certification? Was it an approved form of income? Was the proof copied and stamped with the date of receipt or scanned into the computer? Type of proof accepted _____					4	
Comments:							
H. INCOME							
Certification Section VIII., B.	1. Was Medicaid/SNAP/TANF verified?					1	
Certification Section VIII., A., 3.	2. Is income determined prior to nutritional risk assessment?					1	
Certification Section VIII., C., 3., m and n	3. Was the correct form (Thirty-Day, Income Calculation and No Proof) used for income?					1	
Certification Section VIII., C.	4. Was the income calculated according to procedures? Were the right questions asked?					1	
Certification Section VIII., A., 3.	5. Was the applicant asked? (a) How many people are in the family? (b) Who contributed to the income of the family?					1	
Certification Section VIII., C., 3.	6. Was income assessed according to the definition of family?					1	
Certification Section VIII.	7. Was proof of income verified at certification/re-certification?					1	
	8. Did the clinic staff ask the applicant to report income for the entire family?					1	
Certification Section VIII., B.	9. Does the clinic determine an applicant/ participant to be income eligible based on presumptive eligibility requirements? Was a self-declared income required?					1	
Comments:							
I. CLOSURE OF CERTIFICATION							
Rights and Obligations Section I.	1. Was the applicant informed of the rights and obligations statement and the certification statement before signing the form?					1	
Certification Section XV., B., 18., g.	2. Was the applicant asked to make a selection of their preference in authorizing disclosure of sharing participant information?					5	

CLINIC OBSERVATION

Certification Section VII.	3. Was the applicant offered the opportunity to have an alternate? If so, were procedures followed for documentation of alternates (i.e. Certification Form, Computer or Tickler File)?				1	
Comments:						
J. PARTICIPANT ACCOUNTABILITY						
Administrative Section Three, XXVII.	1. Were there any noticeable bottlenecks that interfered with the clinic flow?				1	
	2. Is staff completing PARS for time accountability with clients?				1	
Comments:						
K. WAITING LIST						
Certification Section XXII., A.	1. Is there a current Waiting List since the last review? _____ <ul style="list-style-type: none"> • If so, were procedures followed for maintaining a waiting list? 				1	
Comments:						

NO PROOF MONITORING FORM

- 90 – 100(10 Points S) 50 – 79(5 Point U)
- 80 – 89(7 Points SN) 0 – 49(0 Points U)

CLINIC: _____ DATE: _____

In each clinic randomly select five (5) records, from the No Proof File, to review the following criteria:

CHART REVIEW - N/A _____ (check N/A if No Proof is not available for review time period)						
CRITERIA TO REVIEW						
PARTICIPANT'S NAME						
CERTIFICATION DATE						
MISSING PROOF(S) - Check all that apply	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	
COMPLETION OF NO PROOF FORM						
• Was the missing proof documented?						10
• Was the income information recorded?						10
• Was the reason for no documentation recorded?						10
• Was the list of family members applying completed?						10
• Was the applicant's signature and date recorded?						10
• Was the WIC representative's signature and date recorded?						10
Comments:					Possible Points - 60 Points Awarded -	
COMPLETION OF THE CERTIFICATION FORM						
1. Was "NP" recorded on the Certification Form for the missing proof?						10
2. Was self-declaration allowed and documented on the Certification form if income was the missing proof?						10
3. Did the income recorded on the No Proof form equal the income recorded on the Certification form?						10
Comments:					Possible Points - 30 Points Awarded -	
VALID USE						
1. Was the No Proof form used correctly?						10
Comments:					Possible Points - 10 Points Awarded -	

TEMPORARY THIRTY (30) DAY CERTIFICATION RECORD REVIEW

- 90 – 100(10Points S)
- 50 – 79(5 Point U)
- 80 – 89(7Points SN)
- 0 – 49(0 Points U)

CLINIC: _____

DATE: _____

Use one form per clinic in each clinic and randomly select five records from the Temporary Thirty (30) Day Certification Report to review the following criteria:

CHART REVIEW- N/A _____ (check N/A if Thirty-Day is not available for review time period)						
PARTICIPANT'S NAME AND BIRTH DATE						
CERTIFICATION DATE						
MISSING PROOF(S) - Check all that apply	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	ID__ R__ INC__	
COMPLETION OF THE THIRTY-DAY FORM						
• Was the date recorded?						5
• Was the name, date of birth, address and telephone number completed?						5
• Was "You will be terminated from the Georgia WIC Program ..." checked?						5
• Was the date (that information is due back to the clinic) recorded?						5
• Was the type of proof(s) client is to bring back to the clinic checked?						5
• Were the date and the WIC Representative's signature completed?						5
• Was the Fair Hearing Section completed?						5
• Was the participant or parent/guardian/caregivers/alternate's signature completed?						5
• Was the WIC Representative's signature/title completed?						5
Comments:					Possible Points – 45 Points Awarded -	
COMPLETION OF THE CERTIFICATION FORM						
• Was "NO" placed in the missing proof(s) field?						5
• If income was the missing proof, is self-declared income documented?						5
• Did the participant or parent/guardian/caregiver/alternate sign the WIC assessment form?						5
• Did the WIC Representative sign and date the WIC assessment form?						5
Comments:					Possible Points – 20 Points Awarded -	

VOUCHER ISSUANCE						
1. Was the participant issued only thirty (30) days of vouchers?						10
Comments:					Possible Points – 10 Points Awarded -	
WITHIN THE THIRTY-DAY PERIOD						
1. If the participant or parent/guardian/caregiver/alternate returned with the missing proof(s) was the actual document(s) presented recorded in the appropriate "UP" field and all adjustments made for income, residency, and identification?						5
2. Did the WIC Representative date and initial the updated adjustment and entered into the computer?						5
Comments:					Possible Points– 10 Points Awarded -	
COMPLETION OF TERMINATION						
<ul style="list-style-type: none"> If the participant is income ineligible, was "You are being terminated from the Georgia WIC Program ..." checked on the Thirty (30)-Day Form? 						5
<ul style="list-style-type: none"> Were the date and the WIC Representative's signature completed on the Thirty (30) -Day Form? 						5
<ul style="list-style-type: none"> If the participant or parent/guardian/caregiver did not return with the missing proof(s), was the participant terminated in the computer system? 						5
Comments:					Possible Points – 15 Points Awarded -	

PROCESSING STANDARDS / PRENATAL MISSED APPOINTMENT LOGS REVIEW

- 90 – 100(45 Points S)
- 50 – 79(30 Point U)
- 80 – 89(35 Points SN)
- 0 – 49(0 Points U)

CLINIC: _____

DATE: _____

Source for Participant Names: Log _____ System Printout _____ Random Names _____ Other _____ (specify)				
PROCESSING STANDARDS – PRENATAL MISSED APPOINTMENT SYSTEM/LOG REVIEW		Yes/No	Possible Points	Points Awarded
1. Is there a system/log available for documenting and tracking initial contact dates and Processing Standards? Was documented proof available to show Processing Standards are being met?			10	
2. Are online intake forms maintained in the clinic?			2	
3. Was the system/log completed in its entirety?			4	
4. Are Processing Standards being met for all WIC types?			10	
5. Were prenatal contacted at least three times if appointments were missed?			2	
6. If postcards are mailed to participants for any reason, are they in compliance with HIPPA regulations? (View postcards or other documents mailed)			2	
Comments:			Possible Points – 30 Points Awarded -	

PROCESSING STANDARDS CHART REVIEW (Check two charts for each WIC type)					
Participant Name	WIC Type	Initial Contact Date	Scheduled Appointment Date	Do Initial Contact Dates Match? (Certification Form & Log)	Were Processing Standards Met?
Comments:				Possible Points – 10 Points Awarded -	Possible Points – 15 Points Awarded -

PRENATAL MISSED APPOINTMENT REVIEW (check 5) – N/A _____ (Check N/A if a prenatal did not miss a certification appointment for review time period)						
Participant Name	Initial Contact Date	Scheduled Appointment	Were Processing Standards Met?	Date of Contact to Reschedule Missed Appointment	Rescheduled Appointment Date	Were Processing Standards Met?
Comments:			Possible Points – 15 Points Awarded -		Possible Points – 15 Points Awarded -	Possible Points – 15 Points Awarded -

CLINIC STAFF QUESTIONS

CLINIC: _____

DATE: _____

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

- 90 – 100(20 Points S)
- 50 – 22(12 Points U)
- 80 – 89(16 Points SN)
- 0 – 49(0 Points U)

Name of Person Interviewed: _____

REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. ENVIRONMENT							
Certification Section XXIV.	1. Are WIC services coordinated or integrated with other health department services?					1	
Emergency Plan Section V., A. and B.	2. If the clinic has power failure, what are your operating procedures?					1	
	3. Does the electronic door convert to a manual door in the event of a power failure?					1	
	4. Is there an established and effective means for staff to address questions pertaining to their job duties and responsibilities?					3	
Comments:							
B. WAITING LIST							
Certification Section XXII.	1. Do you have a waiting list?					1	
Comments:							
C. SPECIAL POPULATION							
Certification Section II., C. and VII., C., 3., I.	1. Are migrants being served?					1	
	2. Is the staff knowledgeable of procedures to complete migrant certifications?					5	
Special Population Section III., B.	3. Are the Language Lines interpreters or bilingual staff available for the LEP clients, if applicable?					5	
	4. Are waivers completed when the applicant or participant bring their own interpreter?					5	
Comments:							

D. CERTIFICATION PROCEDURES							
Certification Section VIII., C., 3.	1. What is the definition of "family"?					1	
Certification Section VII.	2. Under what circumstances are alternates allowed to bring a child in for re-certification?					1	
Certification Section XVII., B.	3. Describe the process of accepting an out-of-state transfer (with a valid VOC card).					1	
Certification Section XXVI.	4. Do employees complete WIC certification or Referral forms with a home visit/hospital certification? (Request a copy of the procedures).					1	
Certification Section XXX.	5. How is the race of a participant determined?					1	
Comments:							
E. CIVIL RIGHTS							
Certification Section XXV.	1. How do you handle Civil Rights complaints?					10	
Comments:							
F. APPOINTMENTS							
	1. Do you contact all participants that miss a certification appointment? How are they contacted?					10	
Certification Section III., F.	2. Have special provisions been made for scheduling the Participants Who Work, Migrant or Rural Participants? Please explain your answer. (i.e. Saturdays or late clinic) Hours of Operation _____ Extended Hours _____					10	
Certification Section IV., A.	3. When is the next available appointment for a walk-in applicant requesting WIC benefits? Women(P) _____ Women(PP) _____ Women(B) _____ Infant _____ Child _____					15	
Comments:							

G. PROCESSING STANDARDS						
Certification Section IV., A.	1. What are the processing standards time frames for each category below? Prenatal _____ Breastfeeding _____ Postpartum _____ Infants _____ Children _____ Migrants _____					15
Certification Section XIII.	2. Is the staff knowledgeable of certification periods? (Staff interviews) Women(P) _____ Women(B) _____ Women(PP) _____ Infant _____ Child _____					12
Comments:						

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

ADMINISTRATIVE MANAGEMENT EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
Total Points for District Review _____							
<input type="checkbox"/> 23-25 Points (S) <input type="checkbox"/> 20-22 Points (SN) <input type="checkbox"/> 17- 19 Points (U) 16-0 Points (U)							
DISTRICT _____				DATE _____			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. EMPLOYEE RELATIVE FORM (VOUCHER ISSUANCE EMPLOYEES/FAMILY MEMBERS)							
Certification Section III.,E	1. Are employees Disclosure forms completed in its entirety and kept on file at the District office?					6	
Comments:							
B. PACKING LIST							
Food Delivery V.,D.,2.	1. Are reconciled voucher Packing List received and stamped dated by the District within five days of clinic verification?					2	
Comments:							
C. LOST/STOLEN/DESTROYED/VOIDED VOUCHER REPORT (MISSING VOUCHER/VPOD RECEIPT VPOD STOCK PAPER)							
Compliance Analysis X.	1. Has the District Office received notice of any missing Manual/VMARS vouchers/VMARS receipts/VMARS stock paper from any WIC clinic since the last Program Review?					2	
Compliance Analysis X.	2. Are the Lost/Stolen/Destroyed/Voided Voucher reports completed in its entirety?					2	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

D. COMPLIANCE SELF REVIEWS							
State Agency Monitoring II.,B	1. Was the Food Instrument Accountability Section completed in its entirety?					1	
Comments:							
E. DUAL PARTICIPATION/PROGRAM ABUSE							
Compliance Analysis III.,A.	1. Enter points from pre-review questions pertaining to program abuse					4	
Comments:							
F. MONTHLY REPORTS							
Food Delivery XIV.,A.	1. Are findings from the override Report signed, dated and kept on file in the District Office?					3	
Food Delivery XIV.,A.	2. Are all monthly reports, reviewed at the district office (CUR, Bank Exception, etc.)					3	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

CLINIC EVALUATION

(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)

Total Points for Clinic Review

- 205-216 Points (S)
- 194-204 Points (SN)
- 184-193 Points (U)
- 0-183 Points (U)

CLINIC		DATE						POSSIBLE POINTS	POINTS AWARDED
REFERENCE	AREAS OF REVIEW	S	SN	U	NA				
A. RECONCILED PACKING LIST									
Food Delivery V.,D.,1.	1. Is the Packing List verified, signed, and dated?						2		
Food Delivery V.,E.	2. Are Packing List serial numbers recorded on the Manual Voucher Inventory Logs within three days of receipt?						2		
Food Delivery VI.,A.	3. Was the computer screen printed and stapled to the corresponding Packing List to show date of entrance is within three days of receipt?						2		
Food Delivery VI.,D.1.	4. Are there any Packing Lists missing?						3		
Comments:									
B. MANUAL VOUCHER INVENTOY LOG									
Food Delivery V.,E.	1. Is the log completed in its entirety on all vouchers?						5		
Food Delivery V.E.,1.	2. Are responsible WIC staff initials present on the Manual Inventory Log(s)?						5		
Food Delivery V.,E.	3. Are the beginning and ending numbers documented correctly on the log(s)?						5		
Food Delivery D.,E.	4. Are received Manual Vouchers recorded within three days of receipt, initialed, and verified by a second responsible WIC staff person?						5		
Comments:									
C. MANUAL VOUCHER PHYSICAL INVENTORY									
Food Delivery V.,E.2.	1. Are the Physical Inventories conducted/verified monthly and match the inventory log?						5		

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

Food Delivery V.,E.2.	2. Does the Manual Voucher Inventory Log contain second verifying initials for physical inventory?					2	
Food Delivery II.,C.	3. Does the clinic have an adequate supply of preprinted standard and blank Manual Vouchers?					3	
Food Delivery V.,E.2.	4. Are any Manual Vouchers missing?					5	
	5. Does the clinic have an adequate supply of preprinted TADS?					3	

Comments:

D. MANUAL VOUCHER COPIES

Food Delivery V.,G.2.	1. Are Manual Voucher copies filed in serial number order?					2	
Food Delivery V.,F.	2. Are any Manual Voucher Copies Missing?					5	
Food Delivery V.,F.	3. Have vouchers been altered with write over's or scratch-outs?					3	
Food Delivery V.,F.	4. Were Manual Voucher copies submitted to CSC for processing?					3	
Food Delivery V.,3.	5. Are Manual Vouchers completed accurately? (Demographics, appropriate food quantities and/or unassigned blocks marked with an "X"?)					5	
Food Delivery III.,B.,2.	6. Does the Manual Vouchers contain the correct ID proof codes and/or any missing participant's signatures?					3	

Comments:

E. VOUCHER OVERRIDE REPORTS

Food Delivery VI.,D.	1. Are voucher override reports signed, dated, maintained in the clinic and a copy sent to the district?					3	
Food Delivery VI.,D.	2. Are voucher override request approved by an authorized manager?					3	

Comments:

F. VOUCHER MANAGEMENT AND REPORTING SYSTEM (VMARS) RECEIPTS

Food Delivery IV.,D.,4.	1. Are receipts filed in serial number order, missing or misfiled?					6	
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FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

Food Delivery IV.,D.,1.	1. Do receipts contain the correct ID proof codes and/or any missing participant signatures?					5	
	2. Did the receipts contain more than 1% "Failed to Sign"?					2	
Food Delivery VI.,C.	4. Are voided vouchers stamped "void" and attached to the receipts?					3	
Food Delivery V.,H.	5. Are voided vouchers due to food package change attached to the current replacement receipt or documentation if no vouchers are attached?					3	

Comments:

G. DAILY ACTIVITY REPORTS

Food Delivery VI.,C.	1. Are Daily Activity Reports maintained correctly (gaps, missing numbers, signatures, columns or dates)?					3	
Food Delivery VI.,E.	2. Are vouchers that did not print entered into the system as void and reconciled with the Daily Activity Report.					3	

Comments:

H. SECURITY MEASURES

Compliance Analysis XII.,A.1.	1. During office hours, are vouchers securely stored or in the possession of authorized staff?					2	
Compliance Analysis XII.,A.1.	2. Is the key properly secured at all times only with authorized WIC personnel? Are the keys stored in a secure location within the clinic?					7	
Compliance Analysis XI.,C.,2.	3. Are Manual vouchers and VMARS stock paper stored in a secure location separately from ID cards and voucher receipts?					5	
Food Delivery III.E.	4. a. Was the monthly physical inventory of the VMARS stock paper maintained?					5	
	b. Did staff use VPOD/VMARS stock paper in the order that it was received: first in, first out?					3	

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

Compliance Analysis XI.,C.,2.	5. Are WIC ID cards securely stored separately from the WIC Stamp?					2	
Compliance Analysis XI.C.	6. Are WIC ID cards pre-stamped?					1	
Compliance Analysis XII.,B.	7. What security measures are currently in place to prevent voucher theft by participants?					1	
Compliance Analysis XII.,E.	8. Are manual vouchers borrowed within the district? If yes, how are they transported and by whom? (See transportation method).					1	
Compliance Analysis XII., E.	9. If vouchers are issued to participants in the home and/or hospital sites, how are they delivered and by whom?					1	
	10. Are any old or out of date voucher batches logged in the system?					3	
	11. Was the computer system functioning properly?					3	
	12. Are the computers accessible to client traffic?					3	
	13. Are the printers accessible to client traffic?					3	

Comments:

I. PRORATING /VOUCHERS ISSUANCE

Food Delivery VIII.	1. Were vouchers prorated accordingly for late voucher pick up and categorically ineligible participants?					3	
Food Delivery III.,A.	2. Were vouchers over issued to Prenatal women who are due for certification? (Vouchers issued in excess during the prenatal period for forty-five day increments beyond their date of delivery).					3	
Food Delivery III.,A.	3. Were vouchers issued to participants past the certification due date without a current certification completed?					3	

Comments:

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

J. LOCAL AGENCY POLICIES							
Compliance Analysis III.,E.	1. Are Employee Disclosure Forms completed accurately, and kept on file at the clinic?					3	
Food Delivery III., F.	2. Were procedures appropriately applied for WIC certifications and voucher issuance? (See Form 2-Chart Review for point assignment for this question)					15	
CLINIC STAFF INTERVIEW QUESTION							
Name of Person Interviewed: _____							
Certification Section III., E.	LOCAL AGENCY POLICIES 1. What is your policy for issuing vouchers to employees/family members?					1	
	2. Has staff encountered difficulties in accessing client data necessary to perform their job?					2	
	3. Does the process of searching for a client operate as it should?					1	
	4. Does the staff have access to GWIS?					2	
	5. Does the staff use GWIS efficiently?					2	
	6. Are password kept confidential?					2	
	7. Was the user list current for computer access? Were any past employees listed in the system?					2	
Comments:							
K. VOUCHER ISSUANCE (RECERT OVERDUE)							
Food Delivery III.,A.	1. Are any participants issued vouchers past certification overdue date without a current certification completed? (See Form 1-Record Review for point assignment for this question)					5	
Food Delivery III.,A.	2. Was current certification processed and sent to CSC? (See Form 1-Record Review for point assignment for this question)					5	
Comments:							

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

L. (IF APPLICABLE) CUR VOUCHER ISSUANCE PROCEDURES							
	1. Were the appropriate transactions applied for WIC certifications?					2	
Food Delivery XIV.	2. Are vouchers issued to participants who were terminated for thirty-day issues and/or categorically ineligible? (See Form 3- Record Review for point assignment for this question)					4	
Food Delivery XIV.	3. Are vouchers issued to participants without a valid certification processed with CSC? (See Form 3- Record Review for point assignment for this question)					4	
Comments:							
M. PARTICIPANT ABUSE/DUAL PARTICIPATION							
Compliance Analysis III.,C.	1. Did the participant receive notice of repayment, suspension and/or termination?					3	
Compliance Analysis III.,C.	2. Were participant's that were found to be in violation of the Georgia WIC Program terminated for a period of one year?					3	
	3. a. Does the clinic maintain the monthly Dual Participation/ Intentional Program Violators Clinic Listings to prevent certifications and/or voucher issuance to dual participants? b. Did the staff send a copy of the paperwork to OIG for any client who tried to be placed on two programs?					1 1	
Comments:							
N. OBSERVATION OF DUAL PARTICIPATION							
Name of Person Observed: _____							
Rights and Obligation Section I.	1. Did staff emphasize dual participation during certification?					5	
Comments:							
O. LOST/STOLEN/DESTROYED VOUCHER REPORT							
Compliance Analysis XI.,C.	1. Were Lost/Stolen/Destroyed Voucher Reports completed in its entirety for vouchers that were security destroyed, lost, or damaged?					4	

FOOD INSTRUMENT ACCOUNTABILITY WORKSHEET

Compliance Analysis XI.,C.	2. Was the Lost/Stolen/Destroyed Voucher Report sent to the district office and Georgia WIC Program within five days of completion?					1							
Comments:													

RE-CERT OVERDUE RECORD REVIEW FORM

Select a random sample of at least ten (10) records for which the following message “RECERT OVERDUE MMDDYY” appears and to whom vouchers were issued. It is important that six-week postpartum women be in the sample.

- 9 – 10 (10 Points S)
- 7 – 8 (8 Points SN)
- 5-6 (6 Points U)
- 0-4(0 Points U)

CLINIC: _____

DATE: _____

CHART REVIEW - N/A _____ (check N/A if Recert Overdue is not available for review time period)

100% compliance = Available Possible points for each criteria.

PARTICIPANT'S NAME							%	Possible Points	Points Awarded
WIC STATUS								10	
DEMOGRAPHICS									
Comments:									
CERTIFICATION DATES									
1. Were the participant's delivery and/or EDC date recorded?								1	
2. What is the participant's re-cert due date?								2	
3. What is the participant's re-certification date?								1	
Comments:									
VOUCHER ISSUANCE									
4. Was the participant issued vouchers past the certification overdue date without a current certification completed?								4	
5. Was current certification processed and sent to CSC?								2	
Comments:									

EMPLOYEE/RELATIVE RECORD REVIEW

Review the following criteria in all Employee/ Relatives records that receive WIC benefits

Note: Make copies of this for the Record Review as needed.

- 13-15(15 Points S)
- 9-12(12 Points SN)
- 6-8 (8 Points U)
- 0-6(0 Points U)

CLINIC: _____

DATE: _____

CHART REVIEW - N/A _____ (check N/A if Employee/Relative is not available for review time period)

100% compliance = Available Possible points for each criteria.

PARTICIPANT'S NAME							%	Possible Points	Points Awarded
CERTIFICATION DATE								15	
DEMOGRAPHICS									
1. Were the demographics (Name, Address, etc.) completed?								1	
Comments:									
PROOFS									
2. Was proof of residency recorded and a copy stamped dated and filed in the record or scanned into the computer?								1	
3. Was proof of identification for the participant recorded and a copy stamped dated and filed in the record or scanned into the computer?								1	
4. Was proof of identification for the parent/ guardian recorded and a copy stamped dated and filed in the record or scanned into the computer?								1	
5. Was proof of income for the parent/guardian recorded and a copy stamped dated and filed in the record or scanned into the computer?								1	
Comments:									
CERTIFICATION VALIDATION									
6. Was the signature/title of staff person verifying the participant/parent/ guardian signature recorded?								2	
7. Was the participant's signature/date recorded?								2	
Comments:									
SUPPORTING DOCUMENTATION									
8. Was a current Disclosure Form on file at the clinic?								3	
9. Did the staff member issue vouchers or process certification for themselves and/or family member?								3	
Comments:									

CUR REPORT RECORD REVIEW

Select a random sample of at least ten (10) records from the most recent CUR Part II

- 9 – 10 (10 Points S)
- 7 – 8 (8 Points SN)
- 5-6 (6 Points U)
- 0-4(0 Points U)

CLINIC: _____

DATE: _____

CHART REVIEW - N/A (check N/A if CUR Report is not available for review time period)

100% compliance = Available Possible points for each criteria.								
PARTICIPANT'S NAME						%	Possible Points	Points Awarded
WIC STATUS							10	
DEMOGRAPHICS								
1. Were the appropriate transaction applied for WIC certifications?							2	
Comments:								
CERTIFICATION PROCEDURES								
2. Was valid certification processed and sent to Covansys?							2	
Comments:								
VOUCHER ISSUANCE								
3. Were vouchers issued to a categorically ineligible participant?							3	
4. Were vouchers issued to a participant who was terminated for thirty-day issues?							3	
Comments:								

NUTRITION UNIT MONITORING TOOL

Nutrition Services: 445 points or 44.5% of Total Program Review Score				
A)	District Nutrition Office		Points Available for Each Section	Score Based on Points available in this section / Total Nutrition points available (445)
		Secondary Nutrition Education Provided:	50	11.23%
		• Low Risk Secondary Nutrition Education	(25)	
		• High Risk Secondary Nutrition Education	(25)	
		Breastfeeding Promotion and Support:	25	5.61%
		Tailoring Breastfeeding Food Packages:	15	3.37%
		District Created Food Packages (999 Review):	15	3.37%
		Nutrition Education Materials:	15	3.37%
		District Self Reviews "Nutrition":	15	3.37%
		Orientation Checklist:	10	2.24%
		Continuing Education: (% Meeting Standard):	20	4.49%
		- Competent Professional Authority (CPA)		
		- Nutrition Assistant (NA)		
		- Breastfeeding Peer Counselor (PC)		
		Section Total:	165	37.07%
B)	(Clinic) Breastfeeding	Chart Review Percentage for Documentation:	30	6.74%
		Encouragement to Breastfeed:		
		Clinic Environment Supportive of Breastfeeding:		
		Breastfeeding Referral System in Place:		
		Breastfeeding Equipment:		
		Section Total:	30	6.74%
C)	(Clinic) - Clinic Observation	Nutrition Education Observation: (Certifications, low and high risk secondary nutrition education contacts):	100	22.47%
		Anthropometric Equipment / Hematological Equipment:	10	2.24%
		Anthropometric Observation:	5	1.12%
		Hematological Observation:	5	1.12%
		Section Total:	120	26.95%
D)	(Clinic) Food Package	Formula Tracking Log & State Ordered Formula Tracking Log:	15	3.37%
		High Risk / Special Formulas/Medical Documentation:	15	3.37%
		Section Total:	30	6.74%
E)	(Clinic) Record Review	Record Review Summary - 100 Points Total per Chart. Highlighted Red OR Highlighted Black - Requires Corrective Action Training:	100	22.47%
		- One clinic average <90% requires clinic specific training		
		- Two highlighted clinics <100% requires clinic specific training		
		- Three or more highlighted clinics <100% requires district-wide training		
		- District-wide average <90% requires district-wide training		
		Section Total:	100	22.47%
		Total Points Available (from each section above):	445	100%

NUTRITION UNIT MONITORING TOOL

**OFFICE OF NUTRITION / WIC PROGRAM REVIEW
NUTRITION CLINIC INTERVIEW QUESTION FORM**

Date:

Notes:

Clinic Program Review Notes:

Note: District, Clinic, and Office of Nutrition review questions are completed for background tracking and education.

CLINIC REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
I. FOOD PACKAGE ASSIGNMENT	
A. How are food packages assigned to meet participant needs?	Food Package Section (III, IV, V, VI)
B. Describe the protocol for infant food package changes from the contract formula to a non-contract formula.	FP (II)
C. What procedures are used for obtaining and tracking the use of prescription formulas/medical foods, and providing follow-up for participants on special formulas/medical foods?	FP (IV & VIII)
II. NUTRITION EDUCATION	
A. Participant Nutrition Education Contacts	NE (VI)
1. Describe the system used to provide two (2) nutrition education contacts for each six (6) month certification period or quarterly for certification greater than 6 months.	
2. Describe the method used to document secondary nutrition education contacts.	NE (VI)
3. Describe how failed secondary nutrition education contacts are documented.	NE (VI)
4. List nutrition references used by your District. (e.g., ADA Nutrition Care Manual)	BF (V) Gives examples for BF NE section

NUTRITION UNIT MONITORING TOOL

CLINIC REVIEW QUESTIONS	
AREAS OF REVIEW	COMMENTS
5. Describe the system used to document secondary nutrition education contacts to participants identified as high risk.	NE (VI)
B. Nutrition Education Materials	NE section (VIII)
1. Describe the process for requesting and or replenishing nutrition education materials.	
2. Are materials available that meet the needs of specific population groups? Describe how the materials available meet their needs.	NE section (VIII)
III. Breastfeeding Promotion and Support	
A. Encouragement to Breastfeed	BF (IV & V)
Describe how breastfeeding is encouraged and documented during the prenatal period. <ul style="list-style-type: none"> Take into consideration individual contacts, prenatal/breastfeeding classes, or other (Please specify.) 	
B. Breastfeeding Education and Training	
1. Describe how you kept abreast about current breastfeeding information.	BF (IV)
2. Describe the referral system for participants who request additional support/information or who require more in-depth counseling or assistance on breastfeeding.	BF (IV)
3. Describe how your clinic creates a supportive breastfeeding friendly atmosphere.	BF (IV)

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation						
Nutrition Unit						
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)						
DISTRICT: _____			DATE: _____			
REFERENCE:	AREAS OF REVIEW					
A. <u>Secondary Nutrition Education Provided:</u>	S	SN	U	NA	Possible Points	Points Awarded
NE (VI), CT Attachment VI • % estimated from Program Review chart review OR • District Total % from CSC data when available (Calculated from latest FFY total cumulative percentage)	Secondary Nutrition Education Overall Rating:				50	
	1. Low Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ %.				25	
	2. Calculate points by multiplying % secondary nutrition rate time 25. • 90-100% (S) • 80-89.9% (SN) • <80% (U)					
	3. High Risk Secondary Nutrition Education Rate from Electronic Documentation. ____ %.				25	
4. Calculate points by multiplying % high risk secondary education nutrition rate time 25. • 90-100% (S) • 80-89.9% (SN) • <80% (U)						
Comments:						
B. <u>Breastfeeding Promotion and Support:</u>	S	SN	U	NA	Possible Points	Points Awarded
BF (IV, V)	Breastfeeding Promotion and Support Overall Rating:				25	
	3. Assigned District Breastfeeding Coordinator a full-time position.				4	
	• 1+ FTE = 4 points • 80-99% FTE = 3 points • 60 -89% FTE = 2 points • 40 – 59% FTE = 1 point • < 40% FTE = 0 point (Adjustment made based on caseload)					
	4. District Breastfeeding Coordinator is a Certified Lactation Counselor (CLC) or International Board Certified Lactation Consultant (IBCLC).				2	
• 2 points = IBCLC, 1 point=CLC, neither = 0						
3. All staff interacting with WIC participants (CPAs, Nutrition Assistants, Peer Counselors, Clerical) received breastfeeding continuing education yearly.				5		

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
DISTRICT: _____				DATE: _____			
REFERENCE:	AREAS OF REVIEW						
	4. Peer Counselors received 12 hours of continuing education yearly.					2	
	5. District: a. Maintains a perpetual inventory of all breast pumps and kits. b. Follows state policies and procedures for issuing pumps.					2	
	6. Has the local agency developed a breastfeeding resource list for prenatal and breastfeeding women?					1	
	7. Breastfeeding Dyad Report: District reviewing and updating Breastfeeding Dyad Reports.					4	
	8. Breastfeeding Plan: a. Submitted on time b. Covers all required elements					3	
Comments:							
C. Tailoring Breastfeeding Food Packages		S	SN	U	NA	Possible Points	Points Awarded
	Tailoring Breastfeeding Food Packages					15	
	1. Percent of Mostly Breastfeeding Packages > 10% of contract formula packages are a mostly breastfeeding package					5	
	2. Percent of Fully Formula Packages < 85% of contract formula packages are a fully formula package					5	
	3. Percent of Infants Exclusively Breastfed > 9% of all infant food packages are Exclusively Breastfeeding Packages					5	
Comments:							
D. District-Created 999 Food Package Review:		S	SN	U	NA	Possible Points	Points Awarded
FP (II), Attachments 23-31	District-Created 999 Food Package Review Overall Rating:					15	
	1. District / Clinic created food packages available for review?					2	
	2. Food packages followed existing state and federal guidelines (descriptions)?					2	
	3. Food packages issued within existing minimums and/or maximums?					6	

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
DISTRICT: _____				DATE: _____			
REFERENCE:	AREAS OF REVIEW						
	4. Designated coordinator for District created food packages and approval process. (Best Practice)				3		
	5. District 999 food packages cover all of the packages needed by the clinics.				2		
Comments:							
E. <u>Nutrition Education Materials / Class Outlines:</u>		S	SN	U	NA	Possible Points	Points Awarded
NE (VIII)	Nutrition Education Materials / Class Outlines Overall Rating:					15	
	1. Class outlines available for review and include learning objectives.					2	
	2. All participant groups represented by available nutrition education materials (Women / Infant / Child). *When applicable- some clinics serve only specific populations.					3	
	3. All District created Nutrition Education materials for meeting nutrition education guidelines. (Current non-discrimination statement on all district created materials)					3	
	4. Appropriate and adequate variety of nutrition education materials available to meet participant category needs? (English, Spanish, low literacy, other)					2	
	5. All District created materials were approved by the Nutrition Unit and DPH.					3	
	6. Available nutrition education resources for emergencies. A. Food Safety B. Food Preparation C. Safe Water Supply D. General Sanitation					2	
Comments:							

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
DISTRICT: _____				DATE: _____			
REFERENCE:	AREAS OF REVIEW						
F. <u>District Self Reviews "Nutrition":</u>	S	SN	U	NA	Possible Points	Points Awarded	
NE (VI)	District Self Reviews "Nutrition":					15	
	1. District Self Reviews completed as required. <ul style="list-style-type: none"> A. Summary of findings available for all clinics reviewed. (5 Points) B. Chart Review - at least 10 per clinic (2 Points) C. High Risk Chart Review (2 Points) D. Observations (Individual / Group) (2 Points) E. Breastfeeding Friendly Clinic (2 Points) F. Equipment / Formula Log / Nutrition Materials (2 Points) 					15	
Comments:							
G. <u>Orientation Checklist:</u>	S	SN	U	NA	Possible Points	Points Awarded	
NE (V)	Orientation Checklist Overall Rating:					10	
	1. District CPA orientation includes all components of the "State Orientation Checklist"?					2	
	2. Checklists on file for all CPAs hired since last program review					4	
	3. All components completed, initialed and checklist signed.					4	
Comments:							

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation							
Nutrition Unit							
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)							
H. <u>Continuing Education:</u>		S	SN	U	NA	Possible Points	Points Awarded
NE (V), Attachment NE-6	Continuing Education Overall Rating for: (CPA's / NA's / BPCs)					18	
	Nutrition Assistant Observations					2	
	1. % of CPA's Meeting Minimum Standard					1. _____%	
	Information Needed: a. Total number of CPA's evaluated for continuing education? b. Number of CPA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's receiving the required Nutrition Specific Continuing Education. Total CPA's meeting requirements ÷ CPA's = % of CPA's Meeting Minimum Standard						
	Districts with Nutrition Assistants:					2. _____%	
	2. % of CPA's & Nutrition Assistants (NA) Meeting Minimum Standard						
	Information Needed: a. Total number of CPA's & NA's evaluated for continuing education? b. Number of CPA's & NA's that received the required 12 hours of nutrition specific continuing education? c. Number of CPA's & NA's that received less than the required 12 hours of nutrition specific continuing education? d. Calculate the District average for CPA's & NA's receiving the required Nutrition Specific Continuing Education. Total CPA's & NA's meeting requirements ÷ CPA's & NA's = % of CPA's & NA's Meeting Minimum Standard						
	How to Assign Points: Total CPAs + NAs meeting requirements ÷ total number of CPAs + NAs = % of staff meeting minimum continuing education standard. Points assigned based on this percentage.					<ul style="list-style-type: none"> • 90-100% 18 Points (S) • 80-89% 14 Points (SN) • 0-80% No Points (U) 	
1. Were observations conducted as required for NA's? Subtract 2 points if observations were not conducted as required.					<ul style="list-style-type: none"> • 2 points (If NA points automatically added to total) 		
Comments: (Required - 12 hours of nutrition specific continuing education yearly.)							

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation											
Nutrition Unit											
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)											
I. <u>Breastfeeding Clinic Evaluation:</u>					S	SN	U	NA	Possible Points	Points Awarded	
Assign points for each clinic for each criteria, then average for clinic points for Points Awarded											
Total Points											
Satisfactory: 27 – 30 points											
Satisfactory Needs Improvement: 23 – 26 points											
Unsatisfactory: < 23 points											
<ul style="list-style-type: none"> • NE (IV, V) • BF (IV, V) 	Breastfeeding Clinic Evaluation Overall Rating:								30		
	1. Encouragement to Breastfeed -										
	<ul style="list-style-type: none"> • Establish a clinic environment that clearly supports breastfeeding; breastfeeding friendly posters, bulletin boards, cups, pens, badge holders displayed throughout? No formula messaging. 								5		
	2. Women Encouraged to breastfeeding during their pregnancy. (chart review)									3	
	<ul style="list-style-type: none"> • 90 – 100% - 3 points • 80 – 89% - 2 points • 70 – 79% - 1 point 										
	3. Breastfeeding weeks documented correctly. (chart review)									2	
<ul style="list-style-type: none"> • 90 – 100% - 2 points • 80 – 89% - 1 points 											
4. Designated private space for nursing mothers.											
<ul style="list-style-type: none"> • Special Designated room – 5 points • Shared space with breastfeeding space in room - 4 points • Shared space with no breastfeeding accommodations – 3 points • Space made available on request – 2 points • No or inappropriate space – 0 points 								5			
5. Breastfeeding Peer Counselors (PC) available to provide additional support to prenatal and breastfeeding women.											
<ul style="list-style-type: none"> • PC has regular hours at clinic – 4 points • PC women at clinic on a “as needed basis” – 3 points • PC available on referral basis - 2 points • No PC coverage – 0 points 								4			

NUTRITION UNIT MONITORING TOOL

Administrative Management Evaluation						
Nutrition Unit						
(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)						
	6. Prenatal /breastfeeding classes offered. <ul style="list-style-type: none"> • Classes available on site or via videoconferencing – 4 points • Breastfeeding class content provided on an individual basis separate from certification – 4 points 					4
	7. Breastfeeding Referral System - <ul style="list-style-type: none"> • Clinic level staff accurately described district referral system. (Prenatal or breastfeeding woman needing additional support are referred to the designated breastfeeding person; Breastfeeding Coordinator, Nutritionist, Nurse, Peer Counselor.) 					3
	8. Breastfeeding Equipment – <ul style="list-style-type: none"> • Clinic staff are following policies and procedures for issuing breast pumps 					2
	<ul style="list-style-type: none"> • Clinic is maintaining an inventory of all breast pumps and kits 					2
Comments:						

NUTRITION UNIT MONITORING TOOL

**Administrative Management Evaluation
Nutrition Services Unit – Clinic Review**

(S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)

J. Nutrition Education Observation:		S	SN	U	NA	Possible Points	Points Awarded
	Nutrition Education Overall Rating:					100	
	1. Individual and Group observations are scored at 100 points for each observation. 2. An average score of all observations conducted in a clinic will determine that clinic's score. 3. Average all observation (certification, low risk/class and highrisk) scores to determine the district nutrition observation score. 4. Observation points is the average district score. Total Points <ul style="list-style-type: none"> • 90-100% (S) • 80-89.9% (SN) • < 80% (U) 						
Comments:							

NUTRITION UNIT MONITORING TOOL

CLINIC OBSERVATION: CERTIFICATION VISIT						
DATE: _____ CLINIC: _____ REVIEWER: _____						
Time estimated for total contact: _____ Time estimated for NE contact: _____						
Participant status (Individual): P <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/>						
AREAS OF REVIEW						
A. Establishing and Maintaining Rapport 10 Points	S	SN	U	N A	Points Available	Points Awarded
1. Made eye contact (when culturally Appropriate).					1	
2. Displayed respect for other cultures and used translator appropriately.					2	
3. Used appropriate non-verbal communication.					2	
4. Ensured privacy (quiet enough to talk, adequate space, closed door, unobstructed view of participant)					1	
5. Expressed appreciation for participant's time, discussed the follow-up plan; used praise and encouragement					4	
B. Accuracy of Assessment & Certification 15 Points	S	SN	U	N A	Points Available	Points Awarded
1. Asked probing questions to clarify and understand information on the Nutrition Questionnaire.					5	
2. Correctly identified, documented, and reviewed all Nutrition Risks.					5	
3. Correctly assessed, plotted and counseled related to anthropometric measurements.					5	
C. Counseling Skills/Topics Covered 30 Points	S	SN	U	N A	Points Available	Points Awarded
1. Asked open- ended questions to gain information and insight about participant's concerns and feelings related to the nutrition assessment 5 – points = Always 4 – points = Frequently 3 – points = Sometimes 2 – points = Rarely 0 – point = Never					5	
2. Utilized reflective listening skills to clarify what was heard and assure understanding (frequency) 5 – points = Always 4 – points = Frequently 3 – points = Sometimes 2 – points = Rarely 0 – point = Never					5	
3. Evaluated progress/success towards previous goal(s) set.					5	
4. Asked permission prior to sharing their concerns with the participant.					5	
5. Mandatory referrals (Medicaid, TANF, SNAP) and appropriate referrals (Children's First, Immunizations, Housing Authority, Food Bank, Dental, MD, etc.) are made.					5	
6. Mandatory exit topics covered.					5	
D. Goal Setting 25 Points	S	SN	U	N A	Points Available	Points Awarded
1. Worked with participant to create achievable goal(s) using client's ideas and language including identification of strengths or barriers to achieving the goal.					10	
2. Assured the participant verbalized their goal prior to leaving.					10	
3. Goals documented match the goal that was worked on during the assessment and are in SMART format					5	
E. Accuracy of Nutrition Education and Counseling 20 Points	S	SN	U	N A	Points Available	Points Awarded
1. Shared findings about weight gain, weight loss or growth rate appropriately and accurately including using appropriate tools.					5	
2. Shared findings about nutrition risk factors appropriately and accurately including using appropriate tools.					5	
3. Provided accurate nutrition education and appropriately documented education provided.					5	
4. If nutrition education materials were provided, they matched to the specific education of the session or were referenced during the session.					5	
Total Score:					100	
Comments:						

NUTRITION UNIT MONITORING TOOL

CLINIC OBSERVATION: LOW RISK INDIVIDUAL OR CLASS NUTRITION EDUCATION SESSION

DATE: _____ CLINIC: _____ REVIEWER: _____

Time estimated for total contact: _____ Time estimated for NE contact: _____

Participant status (Check all that apply): P B N I C

Format: Class Individual

Provider: Competent Professional Authority Nutrition Assistant

A. Low Risk Nutrition Education Session 100 Points	S	SN	U	N A	Points Available	Points Awarded
1. Had outline of topic and related questions/used topic suggested by participants. (Nutrition Assistant must have outline for topics and related questions on file)					10	
2. Made introduction of self and topic of discussion.					5	
3. Invited questions and encouraged participation.					10	
4. Remained courteous, respectful, and non-judgmental.					5	
5. Used open ended questions and reflective listening to facilitate participation including the use of praise and encouragement. 20 – Throughout session 15 – Frequently during session 10 – Sometimes during session 5 – Rarely during session 0 – Never during session					20	
6. a.) Provided accurate nutrition education information and appropriate materials. b.) When unable to address the area of participant concern refer to appropriate health professional.					10	
7. Displayed respect for other cultures a.) appropriate use of translator b.) appropriate eye contact c.) appropriate time management d.) appropriate greetings and use of titles e.) other cultural concerns when appropriate					10	
8. Used summary and closing.					10	
9. Evaluation of learning utilized.					10	
10. Documented education in the electronic medical record.					10	
Total Score:					100	

Comments:

NUTRITION UNIT MONITORING TOOL

CLINIC OBSERVATION: HIGH RISK NUTRITION EDUCATION SESSION						
DATE: _____ CLINIC: _____ REVIEWER: _____						
Time estimated for total contact: _____ Time estimated for NE contact: _____						
Participant status (Individual): P <input type="checkbox"/> B <input type="checkbox"/> N <input type="checkbox"/> I <input type="checkbox"/> C <input type="checkbox"/>						
AREAS OF REVIEW						
A. Establishing and Maintaining Rapport 10 Points	S	SN	U	NA	Points Available	Points Awarded
1. Made eye contact (when culturally Appropriate).					1	
2. Displayed respect for other cultures and used translator appropriately.					2	
3. Used appropriate non-verbal communication.					2	
4. Ensured privacy (quiet enough to talk, adequate space, closed door, unobstructed view of participant)					1	
5. Expressed appreciation for participant's time, discussed the follow-up plan; used praise and encouragement					4	
B. Accuracy of Assessment 15 Points	S	SN	U	NA	Points Available	Points Awarded
1. Asked probing questions to clarify and understand information					5	
2. Correctly identified, documented, and reviewed all appropriate nutrition risks for discussion.					5	
3. Correctly assessed, plotted and counseled related to anthropometric measurements from recall or obtained measures if appropriate.					5	
C. Counseling Skills/Topics Covered 30 Points	S	SN	U	NA	Points Available	Points Awarded
1. Asked open-ended questions to gain information and insight about participant's concerns and feelings related to the nutrition assessment 7 – points = Always 6 – points = Frequently 4 – points = Sometimes 1 – points = Rarely 0 – point = Never					7	
2. Utilized reflective listening skills to clarify what was heard and assure understanding (frequency) 7 – points = Always 6 – points = Frequently 4 – points = Sometimes 1 – points = Rarely 0 – point = Never					7	
3. Evaluated progress/success towards previous goal(s) set.					5	
4. Asked permission prior to sharing their concerns with the participant.					6	
5. Appropriate referrals are made related to nutrition risks.					5	
D. Care Plan (Includes SOAP/ADIME Note) 25 Points	S	SN	U	NA	Points Available	Points Awarded
1. Assessment/Diagnosis – participant concerns, diet, food, formula, high risk criteria, and/or physical activity.					10	
2. Intervention – Nutrition education and counseling related to assessment and high risk criteria; when appropriate changes to the WIC food package.					10	
3. Monitoring/Evaluation – Summary and follow-up plan discussed.					5	
E. Accuracy of Nutrition Education and Counseling 20 Points	S	SN	U	NA	Points Available	Points Awarded
1. Shared findings about weight gain, weight loss or growth rate appropriately and accurately including using appropriate tools.					5	
2. Shared findings about nutrition risk factors appropriately and accurately including using appropriate tools.					5	
3. Provided accurate nutrition education (including education about food package changes) and appropriately documented education.					5	
4. If nutrition education materials were provided, they matched to the specific education of the session or were referenced during the session.					5	
Total Score:					100	
Comments:						

NUTRITION UNIT MONITORING TOOL

K. <u>Anthropometric & Hematological Equipment:</u>		S	SN	U	NA	Possible Points	Points Awarded
Looking for:	Anthropometric & Hematological Equipment					10	
Anthropometric:	Overall Rating:						
<ul style="list-style-type: none"> Mounting error ¼ inch or larger for length or height boards. Scales not calibrated within last year. 	Clinic scored by the following criteria: <ol style="list-style-type: none"> Rate each piece of equipment. <ul style="list-style-type: none"> One for satisfactory Zero for unsatisfactory Average rating for each type of equipment (i.e., length board) Sum of each average equipment score equals total points. 						
Hematological:	District points are assigned by averaging clinic scores according to the following.						
Hemocue	<ul style="list-style-type: none"> Equipment in good working order Cuvette bottle dated 						
Masimo Pronto (Non – Invasive Hemoglobin)	<ul style="list-style-type: none"> Equipment in good working order 						
	<ul style="list-style-type: none"> 9 – 10 average (S) 8 – 8.9 average (SN) < 8. (U) 						

ANTHROPOMETRIC & HEMATOLOGICAL EQUIPMENT:								
S = Satisfactory (1), U = Unsatisfactory (0) and N/A = Not Applicable (yellow shading)								
Rate each piece of equipment	Points	1	2	3	4	5	6	Clinic Average
Reviewer								
Date								
Height Board	2							
Fixed measuring device (fixed to vertical flat surface/no skirting)								
Right angle head board								
Accuracy of placement (for boards mounted to wall)								
Standing Scales:	2							
Calibrated in last 12 months (use scale test report or sticker)								
Beam (B) or Digital (D)								
Length Board	2							
Movable foot piece that slides easily								
Foot piece at 90 degree angle								
Fixed headboard								
Infant Scale:	2							
Calibrated in last 12 months (use scale test report or sticker)								
Beam (B) or Digital (D)								
Hematological Equipment:								
Document Brand	2							
Number of units								
Total points								

NUTRITION UNIT MONITORING TOOL

L. <u>Anthropometric Observation:</u>		S	SN	U	NA	Possible Points	Points Awarded
Recommendation: • When possible complete five (5) observations per clinic. • At minimum complete 5 observations per District.	Anthropometric Observation Overall Rating:					5	
	Clinic scored by the following criteria: 1. Rate each observation.. • One for satisfactory • Zero for unsatisfactory 2. Then average each row (i.e., standing height) 3. Total points for standing weight and height observations 4. Total points for recumbent length and infant scale observations 5. For total points average total adult/child points and total infant points District points are assigned by averaging all observation scores according to the following. • 4.75 – 5 average (S) • 4.5– 4.74 average (SN) • < 4.5 (U)						

Anthropometric Observations

	Points	1	2	3	4	5	6	Clinic Average
Reviewer								
WIC Type		C/N/B /P	C/N/B /P	C/N/B /P	C/N/B /P	I /<2	I /<2	
Age								
Standing Height								
Measured without shoes	0.5							
Proper stance used for reading measurement	0.5							
Headboard is level, touches top of head	0.5							
Measurement taken and recorded accurately (to at least nearest 1/8 in)	0.5							
Two measurements taken	0.5							
Standing Weight								
Participant dressed in minimal clothing	0.5							
Scale zeroed prior to measurement	0.5							
Correct angle used for reading measurement	0.5							
Measurement taken and recorded accurately (to at least nearest 1/4 pound)	0.5							
Two measurements taken	0.5							

NUTRITION UNIT MONITORING TOOL

Recumbent Length								
Body straight and lined up with measuring board	0.5							
Proper stance used for reading measurement	0.3							
Head is against the headboard throughout measurement	0.5							
Footboard firmly against heels	0.5							
Measurement taken and recorded accurately (to at least nearest 1/8 in)	0.3							
Two measurements taken	0.4							
Infant Scale Weight								
Participant dressed in minimal clothing	0.5							
Scale zeroed prior to measurement	0.5							
Correct angle used for reading measurement	0.5							
Measurement taken and recorded accurately (to at least nearest 1 ounce)	0.5							
Two measurements taken	0.5							
Total Points – (Complete no more than 2 sections per participant)	5							

NUTRITION UNIT MONITORING TOOL

M. Hemoglobin Observation / Universal Precautions:		S	SN	U	NA	Possible Points	Points Awarded
Recommendation: • When possible complete five (5) observations per clinic. • At minimum complete 5 observations per District.	Hemoglobin Observation / Universal Precautions Overall Rating:					5	
Looking For: HEMOCUE • Staff observed using universal precautions? • Followed correct procedures for collecting hematological data? • Hemoglobin was collected when required? MASIMO PRONTO (Non-Invasive) • Followed correct procedures for collecting measurement. • If measurement was unable to be collected using non-invasive means; screening completed using Hemocue. • Hemoglobin collected when required?	Clinic scored by the following criteria: 1. Rate each log. • One for satisfactory • Zero for unsatisfactory 2. Then average each row (i.e. used universal precautions) 3. Total points for each observation 4. Average Points for all observations District points are assigned by averaging clinic scores according to the following. • 4.75 – 5 average (S) • 4.5– 4.74 average (SN) • < 4.5 (U)						

Hemoglobin Observation

	Points	1	2	3	4	5	6	Clinic Average
Reviewer								
Date								
Hemocue								
Staff used universal Precautions	1							
Followed correct procedures	3							
Hgb collected when required	1							
Pronto								
Followed correct procedures	3							
If unable to read, screened with Hemocue	1							
Hgb collected when required	1							
Total Points (Complete no more than one section per participant)	5							

NUTRITION UNIT MONITORING TOOL

N. Formula Tracking Log / State Ordered Formula Tracking Log:		S	SN	U	NA	Possible Points	Points Awarded
Formula Tracking Log book is required for all clinics.	Formula Tracking Log / State Ordered Formula Tracking Log: Overall Rating:					15	
A State Ordered Formula Tracking Log is required for all clinics that received state ordered formula within the required five (5) years plus current documentation retention guidelines.	<p>Clinic scored by the following criteria:</p> <ol style="list-style-type: none"> Rate each log. <ul style="list-style-type: none"> Met, then enter points for criteria Not met, enter, zero Then average each row (i.e., no expired formula) Total column for clinic score Average all clinic scores for district score <p>District points are assigned by averaging clinic scores according to the following.</p> <ul style="list-style-type: none"> 13 – 15 average (S) 10 – 12.9 average (SN) < 10 average (U) <p>Recommendations for improving Formula Tracking Log. (Note findings under comments for each clinic)</p>						

Formula Tracking Log / State Ordered Formula Tracking Log: (S = Satisfactory, SN = Satisfactory Needs Improvement, U = Unsatisfactory and N/A = Not Applicable)								
Clinic:	Points							District Totals
Date:								
Reviewer:								
Looking For:								
1. Does the formula inventory match current stock on hand?	3.0							
2. Was the inventory log book completed according to guidelines?	1.5							
3. Was inventory verified at least quarterly?	1.5							
4. Was there a procedure in place for issuing formula from stock intended to limit excess stock?	1.5							
5. No expired formula in inventory?	1.5							
6. Is formula issued/exchanged based on reconstituted fluid ounces?	1.5							
7. State Ordered Formula Tracking Log available for review	1.5							
8. Was the State Ordered Formula Tracking Log book completed according to guidelines?	1.5							

NUTRITION UNIT MONITORING TOOL

9. 5 years plus current history available for review?	1.5							
Clinic Points Awarded (sum of column)								
Comments:								

O. High Risk Chart Evaluation / Special Formulas / Medical Documentation:		S	SN	U	NA	Possible Points	Points Awarded
High Risk Chart Evaluation / Special Formulas / Medical Documentation Overall Rating:						15	
1. Charts randomly selected from total available R**, X**, 097, 098, 099, 199, 999 food packages. (Special Formulas / Emory Genetics / State Ordered) 2. Review a minimum of five (5) charts for each clinic reviewed if available. <ul style="list-style-type: none"> • Total points awarded per chart equals 15. • All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average. • District weighted average is calculated from all clinics reviewed. • Points are awarded based on the overall District weighted score. • District Score equals District weighted average. (Ex. Weighted average = 4 / Points awarded = 4)							
District points are assigned by averaging clinic scores according to the following. <ul style="list-style-type: none"> • 13 - 15 average (S) • 10 - 12.9 average (SN) • < 10 average (U) 							

NUTRITION UNIT MONITORING TOOL

Clinic Record Review: High Risk Chart Evaluation / Special Formulas / Medical Documentation															
DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:												Total	Weight	Category Percent	Weighted Score
	1	2	3	4	5	6	7	8	9	10					
Participant Category (P/N/B/I/C)															
1. Nutrition Education/High Risk Completed													1		
2. Care Plan													1		
3. Medical Documentation Form Complete													2		
4. WIC Food Authorization / Restriction is clear without conflicting information													2		
5. Medical Documentation in a valid date for intended certification.													1		
6. Diagnosis matches Indicated Use for Formula													1		
7. Issuance Matches Medical Documentation – Formula													2		
8. Issuance Matches Medical Documentation – Food													2		
9. Appropriate Referrals Made													1		
10. Food package changes adjusted correctly.													2		
Total Points													15		
Clinic Total % Awarded															

NUTRITION UNIT MONITORING TOOL

District Record Review Summary: High Risk Chart Evaluation / Special Formulas / Medical Documentation										
DISTRICT: DATE:	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Total	Weight	Category Percent	Weighted Score
NUMBER RECORDS REVIEWED:										
1. Nutrition Education/High Risk Completed								1		
2. Care Plan Documented								1		
3. Medical Documentation Form Complete								2		
4. WIC Food Authorization / Restriction is clear without conflicting information								2		
5. Medical Documentation in a valid date for intended certification.								1		
6. Diagnosis matches Indicated Use for Formula								1		
7. Issuance Matches Medical Documentation – Formula								2		
8. Issuance Matches Medical Documentation – Food								2		
9. Appropriate Referrals Made								1		
10. Food package changes adjusted correctly.								2		
Total Points								15		
Clinic Total % Awarded										

NUTRITION UNIT MONITORING TOOL

P. Record Review Summary:		S	SN	U	NA	Possible Points	Points Awarded
Record Review Summary Overall Rating:						100	
1. Total points awarded per chart equals 100. 2. All charts in a clinic are averaged to provide a clinic category percent as well as a clinic weighted average. 3. District weighted average is calculated from all clinics reviewed. 4. Points are awarded based on the overall District weighted score. District Score equals District weighted average. (Ex. Weighted average = 96 / Points awarded = 96)							

Clinic Record Review Summary															
DISTRICT: CLINIC: DATE: NUMBER RECORDS REVIEWED:												Total	Weight	Category Percent	Weighted Score
	1	2	3	4	5	6	7	8	9	10					
Participant Category (P/N/B/I/C)															
1. Medical Data Date													1		
2. Length/Ht Recorded													1		
3. Weight Recorded													1		
4. Hct/Hgb Recorded													1		
5. Age Recorded													1		
6. All Nutritional Risks Checked													10		
7. All Nutritional Risks Documented													10		
8. Priority Correct													2		
9. High Risk Identified Correctly													3		
10. Food Package Assigned													2		
11. Ref/Enrollment Documented													3		
12. Today's Date													1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)													1		
14. Breastfeeding Weeks Recorded													1		
15. Breastfeeding Encouraged													3		

NUTRITION UNIT MONITORING TOOL

16. Inappropriate Nutrition Practices (Evaluation / Documentation)												5		
17. Primary NE Contact												5		
18. Plan / Goal(s) Documented												10		
19. Secondary NE Contact S = Satisfactory (Includes Only Kept Appointments) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
20. HR Follow-up Documented S = Satisfactory (Care Plan / SOAP Note Required) U = Unsatisfactory (Includes Missed, Failed & Refused)												15		
21. Exit Counseling Documented (Women / Infant / Child)												5		
22. Plotting (Women / Infant / Child)												4		
Total Points												100		
Clinic Total % Awarded														

District Record Review Summary

DISTRICT: DATE:	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Clinic #	Total	Weight	Category Percent	Weighted Score
NUMBER RECORDS REVIEWED:										
Participant Category (P/N/B/I/C)										
1. Medical Data Date								1		
2. Length/Ht Recorded								1		
3. Weight Recorded								1		
4. Hct/Hgb Recorded								1		
5. Age Recorded								1		
6. All Nutritional Risks Checked								10		
7. All Nutritional Risks Documented								10		
8. Priority Correct								2		

NUTRITION UNIT MONITORING TOOL

9. High Risk Identified Correctly								3		
10. Food Package Assigned								2		
11. Ref/Enrollment Documented								3		
12. Today's Date								1		
13. Professional's Signature/Title (Certification Form & Nutrition Questionnaire)								1		
14. Breastfeeding Weeks Recorded								1		
15. Breastfeeding Encouraged								3		
16. Inappropriate Nutrition Practices (Evaluation / Documentation)								5		
17. Primary NE Contact								5		
18. Plan / Goal(s) Documented								10		
19. Secondary NE Contact S = Satisfactory (Includes Only Kept Appointments) U = Unsatisfactory (Includes Missed, Failed & Refused)								15		
20. HR Follow-up Documented S = Satisfactory (Care Plan / SOAP Note Required) U = Unsatisfactory (Includes Missed, Failed & Refused)								15		
21. Exit Counseling Documented (Women / Infant / Child)								5		
22. Plotting (Women / Infant / Child)								4		
Total Points								100		
Clinic Total % Awarded										

NUTRITION UNIT MONITORING TOOL

RECORD REVIEW: INTERPRETATION

Areas on the record review are classified **S** (Satisfactory), **U** (Unsatisfactory), or **NA** (not applicable). Corrective action must be taken for an area of review as described below under Record Review Evaluation. The satisfactory percentage is calculated for each individual area.

Record Review Evaluation

Highlighted Red OR Highlighted Black - Requires Corrective Action Training

- One clinic average <90% requires clinic specific training
- Two highlighted clinics <100% requires clinic specific training
- Three or more highlighted clinics <100% requires district-wide training
- District-wide average <90% requires district-wide training

Participant Category: CT (XI)

Document the participant category for each record reviewed.

1. Medical Data Date : CT-(IX)
 - The date must be recorded by mm/dd/yy.
 - The date recorded must be when the required anthropometric measurements (height/length, weight) were determined.
 - The date must not be more than 60 days prior to certification date.
 - The data must be reflective of the applicant's status at the time of the application.

2. Length/Height Recorded: CT (IX, X)
 - Length or Height must be entered to the nearest 1/8 of an inch.
 - Length or Height must be consistent with past measurements.**

3. Weight Recorded: CT (IX, X)
 - Weight must be entered in pounds and ounces.
 - Weights must be consistent with past measurements.**

4. Hematocrit/Hemoglobin Recorded: CT (IX, X)
 - Hematocrit/hemoglobin must be entered to one decimal place.
 - The date of the hematological measurement, if different than the medical data date, must be documented in the health record. The date must not be more than 90 days prior to certification date.
 - For women, the data must be reflective of the applicant's status at the time of the application.
 - Hematocrit/hemoglobin collected at certification as required by state policy.**

5. Age Recorded: CT (Attachment VI, Appendix I)
 - The participant's birth date must be recorded on the WIC Assessment/Certification Form. Age calculation must be based on the birth date.
 - A woman's age need not be recorded.
 - Infant's and children's ages must be documented in their health records, preferably on the appropriate growth grids.
 - An infant's age may be entered in days, in months and days, or rounded appropriately. A child's age may be entered in years, months and days, or rounded appropriately.

6. All Nutritional Risks Checked: CT (Attachment VI)
 - All applicable nutritional risks must be evaluated during each certification.
 - All evident nutritional risks must be checked YES on the WIC Assessment/Certification Form.
 - If a nutritional risk is not present, the risk category must be checked NO on the WIC Assessment/Certification Form (except for systems in which only risks present are printed).

NUTRITION UNIT MONITORING TOOL

If a nutritional risk is not assessed/not applicable, a NA must be written/entered by the appropriate risk category on the WIC Assessment/Certification Form (except for systems in which only risks present are printed).

If documentation for a nutritional risk is found in the health record, the risk must be checked on the WIC Assessment/Certification Form.

7. All Nutritional Risks Documented: CT (Attachment CT-6)
All nutritional risk criteria checked on the WIC Assessment/Certification Form must be supported by the appropriate documentation.
8. Priority Correct: CT XI (Attachment CT-6)
The correct priority must be assigned according to a participant's status and nutritional risks. A priority is determined to be incorrectly assigned if nutritional risks are present that would change the priority, even if these are not checked on the WIC Assessment/Certification Form.
9. High Risk Identified Correctly: A WIC participant who has any nutritional risk factors designated as high risk must have the "High Risk" box marked "Yes" unless the CPA documents the reason(s) why in his or her professional judgment that this client should not be categorized as high risk (e.g., long history of short stature, following established growth curve, parents of short stature [list heights], etc). Likewise, a WIC participant who does not have any nutrition risk factors designated as high risk must have the "High Risk" box marked "No" unless the CPA documents the reason(s) why in his or her professional judgment that this client requires high risk follow-up.
10. Food Package Assigned: FP (III-VI)
A food package must be assigned in a series that is appropriate to the participant's status. Appropriate documentation must be in the health record, for those food packages and nutritional conditions requiring them.
11. Referrals/Enrollment Documented: NE (VII), BF (VI)
All applicants to the WIC Program must be screened for referral to or enrollment in the Food Stamp Program (SNAP), Medicaid and TANF. Applicants should also be referred to other appropriate health and social services.
Referrals to other programs or services, current enrollment in other programs or services and/or a decision not to refer must be documented in the **applicant's health record**.
12. Today's Date: CT (XII)
Today's Date corresponds to the date the certification process is completed.
Today's Date must be the same as or no more than 60 days later than the **Medical Data Date**.
13. Professional Signature and Title (Certification Form & Nutrition Questionnaire): CT (XI, XV, and CT Attachments 1-4)
The signature and title of the assessing professional must be entered accurately on the certification form and the nutrition assessment questionnaire.
An appropriate signature consists of first initial and last name or first and last names
Credentials must be included in the signature.
Signature must be legible.

NUTRITION UNIT MONITORING TOOL

14. Breastfeeding Weeks Recorded: CT (XV)

The questions Ever Breastfed, Currently Breastfeeding, and Weeks Breastfed must be completed as follows:

- a. Breastfeeding women: initial and six-month certification visit (the weeks breastfed at six months after the initial certification must be more than the weeks breastfed at certification).
- b. Postpartum, non-breastfeeding women: certification visit.
- c. Infants: initial certification and mid-certification assessment visits (the weeks breastfed at mid-certification must be the same or more than the weeks breastfed at certification).
- d. Children: **Certification and half-certifications until age two**
- e. Breastfeeding weeks should remain the same or increase with time.

15. Breastfeeding Encouraged: NE (IV, V)

All pregnant participants must be encouraged to breastfeed unless contraindicated for health reasons.

If a pregnant participant is not encouraged to breastfeed based on health reasons or the refusal of the participant to receive nutrition education, the reason(s) must be documented in the participant's health record.

It is not acceptable to **not** encourage a woman to breastfeed based simply on her answering no to whether she plans to breastfeed or is interested in breastfeeding.

Documentation must include all aspects of breastfeeding discussed (not, "Breastfeeding encouraged").

The breastfeeding education must follow the ADA Nutrition Care Manual or other state approved nutrition reference resources.

16. Inappropriate Nutrition Practices (Evaluation / Documentation)

Evaluation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

If inappropriate nutrition practices are present, they must be correctly identified on the Nutrition Assessment Questionnaire or medical record. If no inappropriate nutrition practices and no other risk factors are identified, nutrition risk 401 (Other Dietary Risk/Failure to Meet Dietary Guidelines) must be assigned.

Documentation of Inappropriate Nutrition Practices: CT (Attachment VI, Appendix G)

All inappropriate nutrition practices must be correctly documented (e.g., describe the precise behavior that qualifies a participant as having the identified general Inappropriate Nutrition Practice category) on the Nutrition Assessment Questionnaire or medical record.

17. Primary Nutrition Education Contact, Current Certification: CT (VI)

All nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

The education must be appropriate to the individual participants' individual or group needs.

The primary nutrition education contact must be provided by a competent professional authority (CPA), not by a paraprofessional/Nutrition Assistant. Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

The nutrition education must follow the ADA *Nutrition Care Manual* or other state approved nutrition reference resources.

18. Plan/Goal(s) Documented [Nutrition Education Section, VI. B and Attachment NE-4]

All primary and high risk nutrition education contacts must conclude with documentation of an individualized care plan. **This care plan must include follow-up on their high risk criteria.**

NUTRITION UNIT MONITORING TOOL**19. Secondary Nutrition Education Contact, Current or Prior Certification: NE (III)**

If a secondary contact is not documented for the current certification period, documentation must be present for a secondary contact provided during the previous period (infants, children, postpartum breastfeeding and non-breastfeeding women).

A mid-year certification nutrition assessment will be equivalent to a certification visit for the purpose of evaluation of secondary contacts.

At least one secondary contact must be provided during each six-month certification period.

For certification periods that exceed six months (prenatal women), secondary contacts must be provided at a quarterly rate (i.e., a prenatal woman who is on the Program for greater than six months would have to receive a minimum of two secondary contacts) but not necessarily within each quarter.

Secondary contacts for prenatal women will be assessed when the expected date of confinement (EDC) has been reached or a delivery date has been recorded.

Individual and group nutrition education contacts must be documented in the participant's electronic health record (i.e., the front-end computer system used by the District).

Documentation of secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), the title of the person providing the nutrition education, and method by which the nutrition education contact was provided (e.g., class, kiosk, individual counseling, etc.). Electronic documentation of all nutrition education contacts **is required**.

The education should be appropriate to the individual participant's health needs, but must be client-led when determining discussion topics and setting goals.

Parents and/or caregivers of WIC infants and children must also be provided with information about abuse of drugs and other harmful substances during the nutrition education contact.

Nutrition education must be provided by a competent professional authority (CPA). Paraprofessional staff (i.e., Nutrition Assistants) can provide these low-risk contacts when nutrition education training approved by the Office of Nutrition has been received. The method used must have the approval of the Office of Nutrition.

Failed, missed, and refused secondary nutrition education appointments do not count as providing secondary nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

Specific aspects of nutrition counseling must be documented (not "Nutrition education provided").

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

20. High Risk Follow-Up Documented: CT (Attachment VI, NE (VI))

A WIC participant who has any of the high risk factors identified in the Procedures Manual must receive an individual care plan.

Documentation should indicate nutrition counseling specific to their nutritional condition and problems identified in their diet, but must be client led when setting goals.

Documentation of high risk secondary nutrition education contacts must be completed in the participant's electronic record and include the date, topic(s), care plan, the title of the person providing the nutrition education, and method by which the nutrition education contact was

NUTRITION UNIT MONITORING TOOL

provided (e.g., individual counseling, etc.). Electronic documentation of all nutrition education contacts is required.

Failed, missed, and refused secondary high risk appointments do not count as providing secondary high risk nutrition education. The expectation is that 100% of clients will receive secondary nutrition education.

The nutrition education must follow the *ADA Nutrition Care Manual* or other state approved nutrition reference resources.

21. Exit Counseling Documented: NE (VI)

From the prenatal through the postpartum (breastfeeding or non-breastfeeding) period, a woman participant must receive education at least one time on each of the following topics:

- a. Importance of folic acid intake
- b. Health risks of using alcohol, tobacco and other drugs
- c. Continued breastfeeding as the preferred method of infant feeding
- d. Importance of up-to-date immunizations

Parents and/or caregivers of WIC infants and children must also receive education at least one time on each of on the following topics during an infant/child's enrollment on the WIC program:

- a. Health risks of using alcohol, tobacco and other drugs
- b. Importance of up-to-date immunizations.

22. Plotting (Infant / Child / Women)

Length/Height Plotted: CT (Attachment VI, Appendix L, M)

The length/height for age must be plotted accurately by plotting as closely as possible to the exact age.

Length/height values must be plotted as accurately as possible.

Weight Plotted CT (Attachment VI, Appendix L, M)

Weight for age must be plotted accurately, by plotting as closely as possible to the exact age.

Weight values must be plotted as accurately as possible.

Weight for gestational age must be plotted to the nearest completed week of gestation and nearest half pound.

Weight for Length/Height Plotted CT (Attachment VI, Appendix L, M)

Weight for length/height must be plotted as accurately as possible.

NUTRITION UNIT MONITORING TOOL

ADMINISTRATIVE MANAGEMENT EVALUATION (S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
DISTRICT		DATE					
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	Possible Points	Points Awarded
A. ACCOUNTABILITY							
	Inventory						
	1. Does the number of computers, printers and monitors in the clinic match the number on the inventory?					2	
	2. Are proper inventory records maintained?					1	
	3. Has a physical inventory been conducted within the last year?					1	
	4. Has USDA and / or the Georgia WIC Program approval been obtained for equipment purchase as required?					1	
	5. Are proper procedures followed to dispose of obsolete or damaged equipment?					1	
	6. Are proper procedures followed when equipment is discovered to be lost, or stolen?					1	
	7. Have any pieces of equipment been reported lost or stolen within the past 12 months?					1	
	8. In cases of stolen equipment, has a police report been filed?					1	
	9. Have Flash cards been removed from surplus or unused MICR printers? (Return surplus Flash cards to state office. If printer will be used again – store card in a secure location until needed).					1	
	Decals / Tags						
	1. Are inventory decals / tags in place?					4	
	Are Batch Acknowledgements reviewed by the District Office?					1	
Comments:							

SYSTEMS INFORMATION UNIT MONITORING TOOL

CLINIC EVALUATION							
(S=Satisfactory, SN=Satisfactory needs improvement, U=Unsatisfactory, and NA=Not Applicable)							
CLINIC				DATE			
REFERENCE	AREAS OF REVIEW	S	SN	U	NA	POSSIBLE POINTS	POINTS AWARDED
A. SYSTEM FUNCTIONALITY							
	ETAD						
	1. Does the clinic have the latest version of the district's MIS system?					3	
	2. Is the system functioning properly?					3	
Comments:							
B. SYSTEMATIC							
	System Back-Up						
	1. Is the system backed-up on a daily basis? (paper back-up)					5	
	2. Is a copy of the back-up kept in a secure, off-site location?					3	
Comments:							

CLINIC OBSERVATION

Georgia WIC Program
Systems Information Unit
Monitoring Tool

A. Preliminary Information Pre-Visit: (See Page 10 for list of items)

Date of Review: ____/____/____

D/U: _____ Clinic: _____

Clinic Information:

Participation (Most recent Issue Month):

Pre-natal: _____

Non-Breastfeeding: _____

Breastfeeding: _____

Total Women: _____

Infants: _____

Children: _____

TOTAL: _____

Number of Critical Errors over previous 4 months: _____

Number of Critical Errors not reviewed, previous 4 months: _____

Critical Error Rate (Current month): _____

Top 5 critical errors (field): _____

(Current Month) _____

CLINIC OBSERVATION

A. Preliminary Information Pre-Visit:

Top 5 critical errors (transaction): _____

 (Current Month) _____

Number Un-Reviewed: _____

Batch Rejections Previous 4 months: _____

Number Un-reviewed: _____

Unreconciled Original: _____ % (Current Close-Out Month)

Unreconciled Final: _____ % (Current Close-Out Month)

Unmatched Redemptions: _____ # (Current Issue Month)

B. Background:

System: _____

Version (if known): _____

Web-based: Y N

Single Server: Y N

The following items are to be completed by a walk through the clinic with the clinic supervisor:

Number of WIC/WIC Related Work Stations:

WIC Only _____

WIC Related: _____

Number of WIC/WIC Related Users: _____

CLINIC OBSERVATION

WIC Only	_____
WIC Related:	_____
Types/Number of Equipment:	
Computers:	_____
Monitors:	
CRT:	_____
Flat Screen:	_____
Dumb Terminals:	_____
VPOD Printers:	_____
Laser Printers:	_____
Dot Matrix Printers:	_____

B: Background (cont'd):

Does Clinic provide FMNP?	Y	N
Number of Personnel Authorized to Issue FMNP Coupons:	_____	
FMNP Caseload:	_____	
Does Clinic Have Internet Access?	Y	N
Do Clinic Staff have access to GWISnet?	Y	N
Authorized Users:	_____	

CLINIC OBSERVATION**Reports
For
Background Information**

1. Participation: Report EWRR990G-045: Ethnic Participation By Priority – Clinic. Located in GWIS or GWISnet under Caseload Management.
2. Critical Errors: Report CPRECCES-012: Critical Error Summary Located in GWIS or GWISnet under Operations.
3. Unreconciled Original/Final: Report EWER900G-051: System Maintenance Indicators. Located in GWIS or GWISnet under Operations.
4. Unmatched Redemptions: Report EWRR300G-030: Unmatched Redemptions. Located in GWIS or GWISnet under Food.
5. To review Critical Errors, Batch Rejections, and Batch Acceptance reports: Look under CLINIC FEEDBACK section of GWISnet. For each category select the date ranges and the clinic number, click on SEARCH. Look for items that have not been reviewed.
6. The Edits Manual is located at: K:\SystemWIC\Edits_2008. Locate the page required in the table of contents, put the cursor over the items and press **CTRL+Click**. The program will take you to that page.
7. Download the following databases onto laptops:
 - FPC/VC database.
 - Inventory database
8. Generate Computer Issues report for the clinic(s) under review.

MO-2: Local Agency 2014 Financial Monitoring Section

STATE OF GEORGIA

DEPARTMENT OF PUBLIC HEALTH

GEORGIA WIC PROGRAM

LOCAL AGENCY

FFY 2014

MONITORING TOOL

FINANCIAL REVIEW SECTION

I. FINANCIAL REVIEWS

A. Introduction

The Department of Public Health (DPH), Office of Audits, will conduct on-site Financial Reviews every two (2) years at each of the eighteen Public Health Districts and two contract agencies for the purpose of reviewing local WIC Financial Management. The purposes of the Financial Review are to determine the appropriateness of the WIC Grant expenditures, to reconcile the District and/or local agency (county) WIC allocations and to examine the intra/inter contracts of WIC funds to the counties within the District. The Districts that were not selected for review will have a follow-up visit to ensure that corrections stated in their Corrective Action Plans (CAP) were implemented.

B. District Selection

1. District Site

Every two (2) years, fifty percent (50%) of the Districts are selected by Office of Audits with concurrence from the Georgia WIC Program for financial review.

- a. The lead county in each District will always be reviewed during each financial site visit. In addition to the lead county three (3) counties within the District will also be reviewed. These counties will be reviewed to ensure that the intra/inter WIC contract requirements are being met, financial accountability of WIC funds is maintained and that all capital equipment is managed in accordance with DHR requirements for equipment accountability.
- b. Counties that have not been reviewed for at least four years may be selected in place of randomly selected counties to ensure regular reviews of all counties within the district.

C. Pre-Review Activities

Prior to the on-site visit, the Office of Audits' staff will review district reports and files in the Georgia WIC Program. The Public Health District Administration will be contacted regarding materials that must be available for the on-site review.

D. Financial Review Schedule

A schedule of on-site financial reviews will be developed and coordinated by the DPH, Office of Audits and the WIC Program prior to the beginning of each Federal Fiscal Year (FFY). A statewide schedule containing the dates of each financial review will be sent to all Public Health Districts.

II. FINANCIAL TIMEFRAMES

The financial review process will be conducted within the following timeframes:

<u>ACTIVITY</u>	<u>TIMEFRAME</u>
Notification of intent to conduct a review. Financial Review and mutually agreed review date.	20 days prior to the scheduled date
Financial Review	As Needed
Auditors will submit the Final Review Report to the Georgia WIC Program.	Within 10 days of Exit Conference
The Georgia WIC Program submits to the local agency a copy of the Financial Review. The Georgia WIC Program Financial Review Conference calls with the agency that was reviewed.	Within 20 days of Exit Conference
The local agency submits Corrective Action Plan to the Georgia WIC Program.	Within 30 days of Exit Conference
The Georgia WIC Program submits to DPH's Office of Audits Correction Action plan with recommendation.	Within 40 days of Exit Conference
DPH's Office of Audits disposes of review findings. If findings are monetary, execute letter-withholding funds from agency. Close Financial Review	Within 60 days of Exit Conference

III. LOCAL AGENCY COLLECTIONS

Local agency collections are funds recovered through the collection of local agency claims. Under 7 CFR 246.19(b), the State agency is responsible for monitoring local agency operations, including financial management systems. If any food or NSA funds provided to a local agency was misused, diverted from program purposes, or lost as a result of thefts, embezzlements, or unexplained causes, the State agency should assess a claim against the local agency, as well as require the local agency to submit a corrective action plan.

IV. FINANCIAL SELF REVIEWS

The District is responsible for conducting annual Self-Reviews by June 30 of each year using the Financial section of the monitoring tool. The review must be kept on file at the local agency and a copy forwarded to the Georgia WIC Program by September 30th annually

**GEORGIA WIC PROGRAM
FINANCIAL REVIEW FORM**

AREAS OF REVIEW	YES	NO	NA	COMMENTS
A. Review of Previous Audit Findings				
1. Has an audit been performed recently by an independent accounting firm?				
2. Were any findings noted? (If yes, attach a copy of the audit containing the findings.)				
B. General Accounting Practices				
1. Are accounting records maintained by WIC paid staff or by the district accounting personnel?				
2. Does the local agency maintain a separate account for WIC funds?				
3. If not, is adequate documentation maintained to identify revenues and disbursements for WIC?				
4. Are revenues for the WIC deposited in an interest bearing account?				
5. Are hard copies of all accounting transactions printed and maintained for reference?				
6. Is there a separation of duties for the various accounting tasks?				
7. Is the bank reconciliation performed by an employee who is independent of cash disbursements or receipts and general ledger maintenance?				
8. Is the signing of checks independent from the approval of invoices?				
9. Is the preparation of checks independent from the approval of invoices?				
10. Are the receiving duties independent of the purchasing function?				
11. Is there a limitation on the dollar amount for checks which only require one signature?				
12. Are invoices and supporting documentation examined at the time of signing and marked "paid" to prevent duplication of payment?				
13. Are records maintained for the required length of time? (3years plus current).				

AREAS OF REVIEW	YES	NO	NA	COMMENTS
C. OPERATIONAL COST				
1. Does WIC pay a share of Administrative position salaries to a District budget through an Intra/Inter Agency Agreement?				
2. Are administrative costs based on a logically developed cost allocation plan or methodology which provides fair and equitable distribution of applicable costs?				
3. Does the District have a Cost Allocation Plan on file that has been approved by DPH within the last two years?				
4. Does the District have a contract for WIC eligibility and enrollment processing?				
5. What is the contract cost to WIC for computer services for enrollment and eligibility determination?				
6. How is WIC's share of the cost determined?				
D. EXPENDITURES				
1. General Review				
A. Are all WIC costs allowable under USDA standards?				
B. Are there any incorrect charges?				
C. Did any expenditures require prior approval of the State WIC Office, i.e.; 1. Capital expenditure over \$5,000; 2. Computer expenditure; 3. Capital improvements				
D. If yes, is there documentation of State WIC approval?				
E. Do all payments include adequate supporting documentation including: Nature of expenditure Amount Date service was provided Payee Date of Invoice				
F. Are unliquidated obligations being posted on MEIR each month?				
G. Have any MIERs been revised? Why?				
H. If applicable, is Program Income (i.e., interest) properly accounted for?				

AREAS OF REVIEW	YES	NO	NA	COMMENTS
2. 301 - Cost Pool Budget				
A. Are all salary expenses being charged to this budget?				
B. Are all Intra/Inter Agency Agreements being charged to this budget?				
C. Are copies of all Intra/Inter Agency Agreements on file?				
D. Are other expenses being charged to this budget?				
E. If yes, are these expenses a direct benefit to multiple programs other than WIC?				
3. 643 - Direct WIC Budget				
A. Are costs that are a direct benefit to WIC being charged?				
B. Are such items as rent, telecom and equipment being charged?				
4. 007 - Nutrition Education				
A. Are costs that are a direct benefit to WIC NE being charged?				
5. 009 - Breastfeeding				
A. Are costs that are a direct benefit to WIC Breastfeeding being charged?				
B. Is a Breast Pump report being sent to the Georgia WIC Program as required?				
6. Self Review				
A. Was a Financial Self Review conducted by June 30th?				
B. By whom was the review conducted?				
C. Was a Corrective Action plan required and developed?				

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I. INTRODUCTION

This section of the Procedures Manual defines the concept of breastfeeding promotion, education and support, and explains the requirements for providing lactation services to Georgia WIC Program participants.

Health professionals recognize that, in almost all circumstances, breastfeeding is the optimal method for ensuring proper infant nutrition, while simultaneously benefiting the lactating mother. The advantages of breastfeeding range from biochemical, immunological, and endocrinologic to psychosocial, developmental, hygienic, and economic. Human milk contains the ideal balance of nutrients, enzymes, immunoglobulins, anti-infective agents, anti-allergic substances, hormones, and growth factors. Further, breast milk changes to match the changing needs of the infant. Breastfeeding provides a time of intense maternal-infant interaction. Lactation also facilitates the physiologic return to the pre-pregnant state for the mother.¹

Public Health staff have a responsibility to provide services designed to optimize the health of their clients. Through the Georgia WIC Program, they have a unique opportunity to influence decisions on infant feeding.

II. DEFINITIONS

Breastfeeding promotion, education, and support are components of a process through which individuals gain the understanding, skills and motivation necessary to be able to select breastfeeding as the preferred method of feeding, as well as to initiate and maintain breastfeeding for a significant period of time.

Breastfeeding (7 C.F.R. §246.2): The practice of feeding a mother's breast milk to her infant(s) on the average of at least once a day.

Breastfeeding women (7 C.F.R. §246.2): Women who breastfeed their infant(s) up to one year postpartum. Re-lactation/induced lactation after a period of not breastfeeding, or lactation by a woman who is not the biological mother of the infant, also qualifies a mother as a breastfeeding woman.

Exclusively Breastfed (EBF) Infant: An infant who is fed breast milk and a mother who exclusively breastfeeds her infant and does not receive infant formula, exempt infant formula, or medical foods from the Georgia WIC Program. An EBF infant includes the breastfed infant who has not yet been released from the hospital. Reference the "Mother/Baby Breastfeeding Dyad" in the Food Package Section for more information. (See Section III, Infant Part D Matching Mother/Baby Packages)

Mostly Breastfed (MBF) Infant: An infant who is fed breast milk and a mother who is mostly breastfeeding and receives formula in amounts that do not exceed the maximum allowances for mostly breastfed infants from the Georgia WIC Program, which is approximately half (50%) of the formula allowance for fully formula fed (FFF) infants.

1 Healthy People 2020 National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 2008.

Some Breastfed (SBF) Infant: An infant who is fed breast milk from his/her mother on an average of one (1) time per day and receives formula from the Georgia WIC Program that exceeds the maximum amount of formula allowed for mostly breastfed (MBF) infants.

Fully Formula Fed (FFF) Infant: An infant who does not receive breast milk from his/her mother and receives formula from the Georgia WIC Program in amounts that exceed the maximum allowances for mostly breastfed (MBF) infants.

Postpartum Woman: A woman up to six (6) months postpartum who does not provide breast milk to her infant (who is classified as a fully formula fed [FFF] infant).

Mostly Breastfeeding Woman: A woman up to twelve (12) months postpartum who is providing mostly breast milk to her infant and whose infant receives formula from the Georgia WIC Program in amounts that do not exceed the maximum formula allowances for mostly breastfed (MBF) infants.

Some Breastfeeding Woman: A woman up to twelve (12) months postpartum who provides breast milk to her infant on average at least one (1) time per day, and accepts formula for her infant that exceeds the maximum amount of formula allowed for mostly breastfed (MBF) infants. Her infant is classified as a Some Breastfed (SBF) Infant. After six (6) months postpartum, breastfeeding women described as “some breastfeeding” under this definition will not be issued WIC supplemental foods. However, such women are eligible for recertification for the Georgia WIC Program as participants to continue receiving nutrition education and breastfeeding support.

Exclusively Breastfeeding Woman: A woman up to twelve (12) months postpartum who provides breast milk to her infant and whose infant (classified as an Exclusively Breastfed (EBF) Infant) does not receive infant formula, exempt infant formula, or medical foods from the Georgia WIC Program.

III. STATE AGENCY

A. Breastfeeding Coordinator

The responsibility for coordination of Statewide WIC breastfeeding activities is vested within the Georgia Department of Public Health, Georgia WIC Program's Office of Operations & Nutrition Services.

A qualified nutritionist or nurse is designated as the State WIC Breastfeeding Coordinator. The responsibilities of the Breastfeeding Coordinator are to plan, direct, and coordinate the breastfeeding promotion, education, and support component of the Georgia WIC Program.

B. Breastfeeding Promotion, Education, and Support Responsibilities

The following are the state agency responsibilities for breastfeeding promotion, education and support:

1. Develop, implement, and evaluate the state breastfeeding promotion, education, and support plan. This includes periodically monitoring the local agencies' progress through on-site visits and reports.
2. Develop and implement a plan for providing training and technical assistance for Competent Professional Authorities (CPAs), paraprofessional staff, and clerical staff at local clinics. Training and technical assistance provide CPAs with current information on the management of normal breastfeeding issues and special problems in lactation. Further, it provides all clinic staff with an understanding of the importance of promoting breastfeeding in a clinic setting, and how to do so.
3. Identify and develop resources and education materials for use by local agencies. This includes providing materials in languages other than English in locales where a substantial number of participants are non-English speaking.
4. Coordinate WIC breastfeeding promotion, education, and support activities with related programs and professional groups such as hospitals, private medical organizations, private lactation consultants, the Cooperative Extension Service, professional organizations, advisory committees, La Leche League, and other breastfeeding support and advocacy groups.
5. Develop and implement procedures to ensure that all prenatal participants are encouraged to breastfeed, unless medically contraindicated.
6. Evaluate and document breastfeeding promotion, education, and support activities for each local agency annually. The evaluations shall include an assessment of the participants' views concerning the effectiveness of the education they received.
7. Establish breastfeeding promotion, education, and support standards that include, at a minimum, the following:
 - a. A policy that creates a positive clinic environment that endorses breastfeeding as the preferred method of infant feeding.
 - b. A requirement that each local agency designate a staff person to coordinate its breastfeeding promotion and support activities.
 - c. A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff who are involved in direct contact with WIC clients.
 - d. A plan to ensure that women have access to breastfeeding promotion, education, and support activities during the prenatal and postpartum periods.

IV. LOCAL AGENCY

A. Breastfeeding Promotion, Education and Support Responsibilities

The Georgia WIC Program is committed to the implementation of the position paper entitled, *Breastfeeding Promotion and Support in the WIC Program*, developed by the National WIC Association's (NWA) Breastfeeding Promotion Committee (<https://www.nwica.org/position-papers>). Local agencies are encouraged to reference the National WIC Association's position paper on breastfeeding responsibilities. Recommendation one, two, five, and seven are summarized below.

NWA Recommendation #1: Incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff who are involved in direct contact with WIC participants.

NWA Recommendation #2: Establish and maintain a positive clinic environment that clearly endorses and supports breastfeeding as the preferred method of infant feeding.

- a. It is important to ensure that relevant education materials that are available to participants portray breastfeeding as the preferred infant feeding method. The following items must be free of formula product names: print and audiovisual materials and office supplies, such as cups, pens, badge holders, pins, posters and note-pads.
- b. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern. Once a mother initiates infant feeding, staff should support her decision and provide appropriate information.
- c. The local agency must minimize the visibility of formula and bottle-feeding equipment by storing infant formula supplies, baby bottles, and nipples out of participants' view.
- d. Staff must not accept formula from formula manufacturer representatives for personal use.
- e. Staff should make every effort to provide a supportive environment in which women feel comfortable breastfeeding their infants. The clinic waiting area should be used advantageously to motivate women to recognize breastfeeding as the "norm" rather than the exception. The clinic area should, where space permits, also be used to provide worksite support for staff who are breastfeeding.

NWA Recommendation #5, #7: Develop a plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

B. Training

1. Orientation

- a. All new staff who interact with WIC applicants and participants must receive basic information on breastfeeding promotion and support activities during their orientation to the Georgia WIC Program.
- b. Clerical and other non-CPA staff must receive training on how to maintain a positive clinic environment; how to maintain a positive and supportive attitude towards breastfeeding; and, how to promote and support breastfeeding in the clinic.
- c. In addition to the above information in paragraph (a), CPAs must also receive training on the following basic skills: helping clients initiate breastfeeding, assessing client needs and concerns about breastfeeding, counseling/problem solving, and client follow-up and referrals.

2. Continuing Education

- a. All staff who have direct client contact with WIC participants and all 100% WIC paid staff must attend local, state, or national workshops for the purpose of developing and updating skills and knowledge in lactation management. At a minimum, one (1) hour of continuing education related to breastfeeding must be received by the referenced staff yearly.
- b. All breastfeeding training and continuing education activities conducted or attended by local staff must be recorded and kept on file by the local agency. The file should include the names and titles of the workshop participants, and the titles and dates of the workshops. See **Attachment NE-4** for recommended forms.

V. PARTICIPANT EDUCATION

A. Participant Education Requirements

1. Each local agency must have an established reference guide for breastfeeding education. Examples of approved breastfeeding reference guides include, but are not limited to:
 - La Leche League International, "The Breastfeeding Answer Made Simple"
 - "Breastfeeding and Human Lactation" by Jan Riodan
 - "Breastfeeding A Guide For The Medical Profession" by Ruth and Robert Lawrence
 - "Medications and Mother's Milk" by Thomas Hale, Ph.D.

2. All pregnant participants must be encouraged to breastfeed, unless contraindicated for health reasons. As recommended in the established reference materials, encouragement to breastfeed should continue throughout the prenatal period.

As stated in the Healthy People 2020 National Health Promotion and Disease Prevention objectives for breastfeeding, breastfeeding is not appropriate for infants whose mothers use drugs illicitly, or who receive certain therapeutic or diagnostic agents such as radioactive elements and cancer chemotherapy.² Women who are HIV positive, according to the Centers for Disease Control and Prevention guidelines, should also avoid breastfeeding.

3. As part of the prenatal breastfeeding education, the following information should be offered on the benefits available only to breastfeeding women under WIC:

Breastfeeding women are at a higher level in the priority system than non-breastfeeding postpartum women, and are more likely to be served than non-breastfeeding postpartum women when local agencies do not have the resources to serve all qualified individuals.

Exclusively breastfeeding women may receive WIC supplemental food benefits for up to twelve (12) months postpartum. Non-breastfeeding women and women classified as "Some Breastfeeding", both of whom receive formula from the Georgia WIC Program that exceeds the maximum allowance for mostly breastfed (MBF) infants, are eligible for WIC supplemental food benefits for only six (6) months postpartum.

The Georgia WIC Program offers a greater variety and quantity of food to those breastfeeding participants who are classified as "mostly" or "exclusively" breastfeeding compared to non-breastfeeding, postpartum participants and to women classified as "some breastfeeding."

If a mother chooses to both breastfeed and formula feed her infant, powder formula is recommended. However, liquid concentrate formula is available. The CPA should assign a food package with only the amount of formula the infant requires (one can, two cans, or three cans powder). The CPA should reassess the infant's needs any time the mother requests more formula. Any problems with breastfeeding should be addressed at this time. Requests for increases in the amount of formula **should not be honored** without assessment and counseling of the mother/baby dyad. Refer to **Attachment BF-11** to estimate how much formula a Mostly Breastfeeding Infant will need.

² Healthy People 2020: National Health Promotion and Disease Prevention Objectives, U.S. Department of Health and Human Services, 2008.

4. Breastfeeding women should be taught hand expression of breast milk. All CPAs, breastfeeding counselors, and nutrition assistants should be trained to teach hand expression of breast milk. However, if a staff person is not skilled in this area, a referral should be made to trained staff or the local agency breastfeeding coordinator.
5. Breastfeeding women must be taught the signs of adequate intake by a breastfed infant. Signs of adequate intake are:
 - a. baby is nursing 8-12 times per 24 hours
 - b. baby wets diaper at least six (6) or more times per 24 hours
 - c. baby has three (3) or more stools per 24 hours, in first month
 - d. baby has visible and audible signs of swallowing
 - e. mother's breasts feel softer after feeding
 - f. baby has adequate weight gain over time (for infants who are presented for weight checks)
6. Breastfeeding women will need to receive four educational contacts during their one year certification. These contacts must be provided by a nutritionist, registered dietitian, competent professional authority, other certified health professionals, or a nutrition assistant who has been trained by the state or local agency. Peer Counselors can assist the instructor. When providing breastfeeding education contacts, the CPA must attempt to assess and solve any problem that may arise before automatically referring the participant to the designated breastfeeding specialist or Peer Counselor. At the same time, it is important for the peer counselor or CPA to refer a mother and her baby to the breastfeeding coordinator or physician if the problem requires more expertise or medical treatment.
7. Local agencies are encouraged to use Peer Counselors who are trained by the state or local agency to provide encouragement, education, and support to prenatal and breastfeeding women.
8. Nutrition assistants can also provide breastfeeding education and support when appropriate training has been received. The Nutrition Services Unit must approve the training plan (**see Attachment NE-1**) for the Guidelines for Nutrition Assistant Training and list of items to be submitted for approval.
9. An individual care plan should be developed for a participant based on the need, as determined by the competent professional authority. See section B below: "Documentation of Breastfeeding Services."
10. Class outlines must be developed when group-facilitated classes are used to provide the breastfeeding education contact. Class outlines must be kept at the clinic site for use by clinic staff and provided to the State WIC Breastfeeding Coordinator at the time of program reviews.
11. If the participant/caregiver is unable to receive services at the clinic for an extended period of time, home visits are the recommended method for providing breastfeeding education contacts.

12. Local agencies are also encouraged to provide ongoing lactation support for prenatal and breastfeeding women by telephone. If possible, a breastfeeding help line should be established to facilitate access to information and support services.

B. Documentation of Breastfeeding Services

1. All breastfeeding education and support contacts received by participants must be documented electronically in the participant's health record.

In order to facilitate continuity of care, documentation of encouragement to breastfeed should include all aspects of breastfeeding discussed with the participant (e.g., barriers to breastfeeding, emotional/nutritional advantages, positioning).

Documentation should follow the Nutrition Care Process. Approved formats include: ADIME (**A**ssessment, **D**iagnosis, **I**ntervention, **M**onitoring and **E**valuation), and SOAP (**S**ubjective **O**bjective **A**ssessment **P**lan) A flow sheet may be used as long as it contains all components of the Nutrition Care Process. The ADIME format is the preferred method of documentation for Registered Dietitians.

Group-facilitated breastfeeding education classes must be documented in the participant's health record. The name and credentials of the staff member conducting the group-facilitated class must also be documented in the participant's health record.

2. Missed appointments for breastfeeding education contacts and the refusal of a participant/caregiver to receive breastfeeding education must be documented in the participant's health record. Documenting missed appointments and refusal to receive education is important for the purpose of monitoring and further education efforts. However, failed, missed, and refused breastfeeding education contacts do not count as having provided breastfeeding education or secondary nutrition education.
3. When an infant and mother come in for mid-certification, food package changes, or high risk appointments, breastfeeding weeks must be updated.

VI. PARTICIPANT REFERRAL

- A. Prenatal or breastfeeding participants who need additional breastfeeding information, assistance, or support should be referred to the appropriate person(s) designated through the local agency's breastfeeding program. The referral must be documented in the participant's health record.

- B. Referrals to and enrollment in other health services and programs must be documented in the participant's health record. A decision not to refer or a refusal by the participant must also be documented.
- C. Local agencies are encouraged to identify and develop a list of breastfeeding resources for prenatal and breastfeeding women. This list may include hospital staff, physicians, local support groups (both informal and organized, such as La Leche League), public health staff with expertise in handling breastfeeding questions, sources for breast pumps, peer counselors, and other relevant resources.
- D. When risk number 602, Breastfeeding Complications or Potential Complications, is used, documentation of the guidance provided must be entered in the participant's health record.

VII. BREASTFEEDING MATERIALS AND RESOURCES

A. Printed and Audio-Visual Materials

Standards for the development and use of printed and audio-visual breastfeeding materials are the same as those used for Nutrition Education materials (see IX. in the Nutrition Education Section for information). In addition:

1. It is important to ensure that the relevant educational materials are available to participants that portray breastfeeding as the preferred infant feeding method.
2. The following items must be free of formula product names: print and audiovisual materials and office supplies, such as cups, pens, and notepads. Staff should be careful not to communicate overt or subtle endorsements of formula. Such messages may influence a mother's decision about infant feeding or her breastfeeding pattern.
3. Stored supplies of formula, baby bottles, and nipples must be kept out of view anywhere WIC participants are served.

VIII. BREAST PUMPS

To enable Women, Infants and Children (WIC) participants with special circumstances to initiate breastfeeding and increase duration of breastfeeding, the district shall have a breast pump loan program at each clinic site.

Districts shall:

- a. Provide breast pumps and milk collection kits to WIC participants who need to establish or maintain their milk supply
- b. Maintain an inventory of breast pumps; and
- c. Keep all pumps in a secure location.

1. Ordering and Receiving Breast Pumps, Pump Kits and Breast Pump Supplies

Districts may order a 6 month maximum supply of breast pumps. To order pumps the district must:

- Complete the State Order Form for Breast Pumps, Pump Kits and Breast Pump Supplies Order Form (See Attachment BF - 1).
- Submit the order form and current inventory to the state breastfeeding coordinator, quarterly, by:
 - January 1,
 - April 1,
 - July 1, and
 - October 1

Orders received after these dates will be processed the next quarter.

- Within three business days upon receipt of an order, Districts are required to check the packing slip to ensure the number of items received matches the number of items ordered.
 - If the order is correct, and complete write the word “complete” on the packing slip; sign and date the packing slip; then fax the slip to the Nutrition Office at 404-657-2886, Attention: BF Coordinator
 - If the order is not correct, and incomplete, write the word “incomplete” on the packing slip; sign, and date the packing slip; then fax the slip to the Nutrition Office at 404-657-2886, Attention: BF Coordinator and send an e-mail to the Breastfeeding Coordinator informing them of the incorrect shipment.

District **may only** purchase breast pumps, pump kits or breastfeeding supplies through the state ordering system.

2. Tracking of Symphony (Multi-User) Pumps

Prior to storing and first issuance of Symphony pumps:

- a. Enter Multi User Pump tracking information into SENDS Breast Pump Tracking data base. (<https://sendss.state.ga.us/sendss/lwiclogin.screen>)
 - District
 - Clinic
 - Pump Serial Number
 - District Inventory Number
 - Identify “Purchased By” – State level WIC or Local WIC Program Purchase
 - Purchase Price
 - Purchase Date
 - Add “Notes” as needed

- b. Assign a multi-user "Tracking Log" form. (See Attachment BF - 2)
- c. Mark all multi user pumps and cases with:
 - Contact information "Georgia WIC Program 1-800-228-9173"
 - District Inventory Number

3. Tracking of Personal Double Pumps (PDP) and Manual Pumps

Prior to storage and issuance of manual pumps, Personal Double Pumps (PDP), adaptors, breast pads, storage bags, and breastshields:

- a. Create an issuance and inventory tracking form and add the form to the clinic Breast Pump tracking log notebook. (See Attachment BF - 3)

4. Storage of Pumps

Pump inventory must be stored and secured in a locked space accessible only by WIC staff.

5. Pump Issuance and Guidance (All Breast Pumps)

Pump issuance must be provided only by WIC authorized personnel, including CPA's, Breastfeeding Peer Counselors(PC), CLC's, and Lactation Consultants. However, PC's **are not allowed** to clean pumps or manage the pump program; including, tracking or inventorying pumps. (See PC Program Guidelines FY2016).

Note: Breast pumps are loaned free of charge, without a monetary deposit.

The following information must be reviewed as part of the pump issuance process.

- 1) Assess the individual needs of the participant and select the appropriate pump for her situation. See "**Guidelines for Issuing Breast Pumps**" and Attachment BF - 4 Quick Reference to Issuing Breast Pumps.
- 2) Demonstrate Hand expression. Refer clients to <https://newborns.stanford.edu/Breastfeeding/HandExpression.html>
- 3) Demonstrate assembly and use of the pump, as well as milk collection kit.
- 4) Provide instructions for cleaning.
- 5) Allow participant to demonstrate assembly and verbally explain how to clean the pump and kit.
- 6) Explain proper milk storage guidelines; as well as how the participant will establish or maintain milk supply.
- 7) Complete and file a *fBreast Pump Release and Liability* form for each pump issued; file at the issuance clinic. (See Attachment BF - 5)
- 8) Document information shared in participant's medical record.

Required Follow Up After Issuance:**All Pumps:**

- 1) Contact clients issued breast pumps within one (1) to five (5) business days of pump issuance, to ensure pump usage is going well.

Multi user Pump:

- 1) Conduct a breastfeeding assessment with participant, monthly, at a minimum, until pump is no longer needed and is returned to clinic.
- 2) Document pump use or need to return pump in participants medical record.
- 3) Refer clients who need additional help to appropriate support personnel.

6. Inventory**Districts must:****A. Maintain an inventory record at each clinic site of:**

- All Breast Pumps (Multi User Pump, Personal Double Pump, and Manual Pump)
- Tracking Log for all issued pumps
- Pump Kits
- Breastshield
- Breast Pads
- Milk Storage Bags
- Adapters
- Other accessories as appropriate

B. Reconcile inventory of the above mentioned items at a minimum quarterly, at each clinic site.

Note: Inventory list may be requested at any time; including during unannounced programmatic visits, technical assistance visits, and program reviews.

7. Staffing Requirements**Districts must:**

- A. Train staff in the use and issuance of breast pumps.
- B. Ensure staff availability to issue pumps promptly, within one business day of established need.

- C. Allocate sufficient staff hours for managing breast pump programs, approximately .5 Full Time Equivalent (FTE) staffing per 100 multi-user electric breast pumps in inventory.
- Example:** A District having 200 multi user pumps should have one (1) full time (40 hours) staff member designated to manage said pump program. This activity can be shared between multiple staff members as needed.

Duties may include issuance, follow up, tracking, cleaning, and other programmatic duties.

8. Cleaning and Maintaining Multi-User Electric Breast Pumps

Multi-User Breast Pumps that have been loaned to mothers/participants must be routinely cleaned upon return from mother/participant and prior to loan re-issuance to another mother/participant.

Electric breast pumps should be kept in working order at all times. Report broken pumps to the state office for repair.

Do not clean and re-use personal double electric pumps, manual pumps and/or double pumping accessory kits. Re-use is not recommended because of the possibility of cross-contamination. If such items are returned to the clinic, they should be discarded.

How to Clean Multi-User Electric Pumps

- 1) Check for any damaged parts and possible pest infestation.
- 2) Discard used pump kit and any pump kit accessories.
- 3) Place pumps in clear bag that is sealed for 1-3 days.
- 4) Use Cavicide on a clean cloth to clean all parts. (See Attachment BF - 6 Cleaning and Maintaining Multi-User Electric Breast Pumps)
- 5) Assess pump pressure using an approved pressure gauge. (See Attachment BF - 6 Cleaning and Maintaining Multi-User Electric Breast Pumps)
 - Normal Symphony testing ranges are from 50 - 250 mmHg from minimum to maximum pump settings.

Note: Gauges are fragile; it is best practice is to keep the gauge attached to the testing flange.
- 6) After cleaning, the pump should be sealed in a clear bag and labeled as "clean".

Multi-user electric breast pumps that become infested with insects must be returned to the manufacturer for professional cleaning or recycling. Contact the State Breastfeeding Coordinator for instructions and shipping information.

See Attachment BF - 6 Cleaning and Maintaining Multi User Electric Breast Pumps for more detailed manufactures breast pump cleaning instructions including how to appropriately use pressure gauges.

9. Transfer Between Districts: Multi User Electric Breast Pump

Districts are encouraged to transfer Multi-user Electric Breast pumps as needed between districts to support participant needs. The transfer is documented in the SENDS Breast Pump Tracking Database by updating the “***Actions Request***” section.

- 1) Select “Transfer Yes”
- 2) Enter Transfer to District Unit
- 3) Enter Transfer to Clinic
- 4) System will document the transfer history under “Equipment Status Change” history.

Example: Clinic A has a participant that is moving to Clinic B in a different district. The WIC participant record is transferred to Clinic B following existing transfer policies. The breast pump can be transferred to the new clinic to facilitate ongoing support for the breastfeeding mom. Either clinic can update the SENDS Breast pump Tracking Database for the new District and Clinic location. The transfer is updated in the “***Actions Request***” section for the SENDS Breast Pump Tracking Database. The need for breastfeeding follow up should be clearly communicated with the receiving clinic.

10. Lost Pumps: Multi User Electric Pump

A reasonable effort must be made to retrieve multi-user electric pumps that are not returned to the WIC clinic after it has been determined that the pump is no longer in use. At a minimum, districts shall:

- Contact participant by phone (3) times at least monthly, over a 3 month period, to attempt to recover pump and if unsuccessful mail one letter to participant and alternative contact, if applicable. Follow up should be documented in the SENDS Breast Pump Tracking Database in the “Notes” section.
- Vouchers should be issued one month at a time until pump has been returned.
- If the above actions are unsuccessful in recovering the pump, provide a copy of the “Multi-user Electric Breast Pump Loan Agreement” to the Office of Investigator General (OIG) for further collection efforts
- Request removal of the multi-user pump from inventory if the pump is not recovered within three months of contacting OIG.
- Notify the SWO Breastfeeding Coordinator and OIG if participant returns the pump to the district after collection efforts have begun. (See Attachment BF-7 Reporting Lost OR Stolen Pumps)

11. Breast Pump Repair/Warranty

Breast pumps are covered under warranty for a set period of time, and may be returned to Medela if they are found to be defective or in need of repair. Contact the State Breastfeeding Coordinator for assistance. (See Attachment BF-8 Breast Pump Repair and Warranty Form)

Guidelines for Issuing Breast Pumps:

Type of Pump	Criteria for Issuing Breast Pumps
<p>One Handed Manual Pump (Harmony Pump)</p>	<p><u>This pump is for clients who:</u></p> <ul style="list-style-type: none"> • Are looking for work. • Have an on-going, short term separation from their babies • Are working or going to school less than 20 hours a week. • May not have access to electricity when pumping. • Request for engorgement.
<p>Multi-user breast pump (Symphony)</p>	<p><u>This pump is for clients who:</u></p> <ul style="list-style-type: none"> • Have a premature or medically fragile infant currently unable to feed at the breast. • Mother/Participant unable to feed baby at the breast due to their own medical issues. • Are having problems breastfeeding and must use pump to provide breast milk. • Has multiple babies (twins or triplets) and needs to increase her milk production. • Are returning to work or school within two (2) weeks and will be separated from their baby a significant portion of the day. • Unsure of mother's/participant's long term commitment to breast pumping.
<p>Personal use electric breast pump (PDP)</p>	<p><u>This pump is for mother/participant who:</u></p> <ul style="list-style-type: none"> • Works or goes to school more than 20 hours per week or is planning to return to work in two (2) weeks, and • Is away from her baby for nine (9) or more feedings per week, and is unable to feed her baby while at work or at break time; and has, • Successfully, exclusively breastfeeds their infant who is at least four (4) weeks old. • Is having no problem with breastfeeding (if they are having problems, issue a multi-user breast pump for one (1) month and refer to area IBCLC). • Plans to breastfeed exclusively for at least four (4) to six (6) months and will not be expecting formula from WIC.

12. Computer Tracking of Breast Pump Issuance

Breast pumps can be tracked in the WIC system by using the fields **Date Breast Pump Assigned, Date Breast Pump Returned and Type of Breast Pump Assigned.**

Use codes to define the types of breast pumps assigned to a WIC participant:

Enter "N"(no tracking) if pump issued does not need to be returned (e.g., manual pump).

Enter the appropriate code to identify the type of pump if the pump issued needs to be returned.

- a. **Date Breast Pump Assigned** is completed when a breast pump is issued to a participant.
- b. **Date Breast Pump Returned** is completed when a WIC participant returns a breast pump. This field can be completed even if the pump is returned during the next pregnancy. Local agencies must document the return pump on their breast pump inventory log.
- c. **Type of Breast Pump Assigned** is a list of codes. Choose the appropriate code. The list can be found in **Attachment BF-11.**

IX. ALLOWABLE COSTS FOR THE PROMOTION AND SUPPORT OF BREASTFEEDING

A. Allowable Breastfeeding Promotion and Support Costs

The Georgia WIC Program expenditures that are classified and reported as breastfeeding promotion and support, and may count toward the breastfeeding promotion and support spending requirement, include, but are not limited to, the following:

Salaries:

1. Salary and other costs for time, including preparation and travel time, that is associated with BFPS training and consultations, both individual and group.
2. Salary and other costs for staff to organize volunteers and community groups to support breastfeeding WIC participants.
3. Salary and benefit expenses of peer counselors and individuals hired to conduct home visits and other actions intended to assist women to continue breastfeeding.
4. Salary and other costs incurred in developing the BFPS portion of the State Plan and local agencies' BFPS action plans.

5. Interpreter or translator services to facilitate breastfeeding promotion and support.

Training:

6. The cost of training BFPS educators, including costs related to conducting training sessions and purchasing and producing training materials.

Space and Facilities:

7. The cost of clinic space devoted to BFPS education and training activities, including space set aside for participants to breastfeed WIC infants.

Materials and Equipment:

8. The cost of procuring and producing BFPS materials and equipment.
9. Breastfeeding aids that directly support the initiation and continuation of breastfeeding. A list of allowable and unallowable breastfeeding aids. (See Attachment BF-1.)

Monitoring and Evaluation:

10. The cost of documenting, monitoring, and/or evaluating BFPS staff, activities, methods, and materials. This includes the cost of collecting, analyzing, and evaluating data concerning WIC participants' opinions on the effectiveness of the BFPS they received and the incidence and duration of breastfeeding for WIC participants, to assess the effectiveness of breastfeeding promotion, education and support efforts.

Travel:

11. Travel and related expenses incurred by WIC staff to conduct any BFPS activity.

Other Sources:

12. The cost of reimbursable agreements with other organizations, public or private, to conduct training and direct service delivery to WIC participants concerning breastfeeding promotion and support.

B. Documentation of Costs

The state and local agencies must document all Federal WIC grant funds expended to meet the minimum BFPS requirements. Documentation is necessary so that the WIC state agency can clearly demonstrate the expenditure requirement has been satisfied. Salary costs identified and reported as being for BFPS activities must be supported with employee payroll and time distribution records. Costs such as equipment purchases and travel must be supported with accounting records, including source documents such as invoices and travel statements.

X. DOCUMENTATION OF BREASTFEEDING RATES

The Georgia WIC Program documents breastfeeding rates by two different methods: the percentage of women who are certified as breastfeeding (WIC Type B), and self-reported information on weeks breastfed (initiation & duration). It is important that documentation be accurate in both instances since they have a major impact on the administration of the Georgia WIC Program. These two methods are described below:

A. Documentation of WIC Type

The state agency must have breastfeeding promotion and support expenditures that are based on the number of prenatal (WIC Type P) and breastfeeding women (WIC Type B) on the Georgia WIC Program. In addition, the Southeast Regional Office of the USDA monitors changes in breastfeeding rates based on the number of women who are listed as breastfeeding (WIC Type B on the WIC System). Breastfeeding women should be entered into the system in the following ways:

1. Status Change from Prenatal (P) to Breastfeeding (B) During Subsequent Certification: A prenatal woman gives birth and is being certified as breastfeeding within six weeks postpartum.
2. Assignment of Breastfeeding Status During Certification: A woman who was not on the program while she was pregnant, but is being certified as a breastfeeding woman.

Note: A woman and her infant(s) can be certified as breastfeeding if: (1) the definition of breastfeeding is met, and (2) the mother/baby dyad food package agree (“Mother/baby dyad” refers to the process of thinking of a mother and her infant as a unit or pair rather than two.)

B. Documentation of Weeks Breastfed

The state agency uses this information to monitor changes in breastfeeding initiation and duration rates by state, local agency and individual clinic sites. This information is very useful in program planning and targeting of resources. The Infant Breastfeeding Characteristics Report, which includes this information, is sent to the local agencies on a monthly basis.

It is critical that all staff who complete the WIC Assessment/Certification Forms and the Turnaround Documents be instructed on the importance of, and the process for, accurate documentation of weeks breastfed.

It is a requirement that the weeks breastfed be recorded on the WIC Assessment/Certification Form and the Turnaround Document at the following intervals for:

- Breastfeeding women: at the initial and six-month certification visits
- Postpartum, non-breastfeeding women: at the certification visit
- Infants: at the initial certification and mid-certification assessment visits


- Children: at the one (1) year of age subsequent certification visit (11-24 months of age), if they participated in WIC as infants. At initial certification (any age), if they did not participate in WIC as infants

Participants/caregivers should be asked about weeks breastfed, using the following, or similar, language: "How long have you breastfed this baby/child?" or "How long has this baby/child been breastfed?" Also, refer to previous information documented in the medical record to improve consistency in data collected. The length of time breastfed **must be entered in weeks**. When the answer to the question is given in days or months, this information must be converted to weeks. Appropriate codes to use for weeks breastfed can be found in **Attachment BF-10**.


Attachments

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BF-1: STATE BREAST PUMP AND ACCESSORY ORDER FORM:



Georgia WIC Program
Breast Pump and Accessory Order Form: Medela




District:	District:	Date:	
Shipping Address:			
Phone:	Contact Person:		
Fax:	E-mail address:		

Inventory on Hand	Product / Type of Pump	Medela Item Number	Quantity Per Case	Number of Cases Ordering
	Symphony - Multi-user Double Electric Pump (Hospital Grade)	240112	1 per case	
	• Carrying Case	6007080	1 each	
	• Pump Kit	67099W	1 case = 20 kits	
	• Vehicle Lighter Adapter for Pump	67153	1 case= 6 adaptors	
	Personal Double Pump (PDP)	57018W	1 case = 3 pumps	
	• Vehicle Lighter adapter (two phase pump)	67174	1 case= 6 adaptors	
	• Replacement tubing for personal pump. 2 tubes per package	87212	1 case=10 sets	
	Harmony Breast Pump (Manual / One Hand Pump)	67161W2	1 case = 20 kits	
Accessories: Symphony and PDP				
	• 30 mm flanges	87079	1 case= 12 flanges	
	• 36 mm flanges	87064	1 case= 12 flanges	
	• Valves and Membranes (2 valves and 2 membranes per package)	87089	1 case= 6	
	• Vacuum Gauge	1977005	1 gauge	
	• Cavicide Clenser	3007009	1 - 8 oz Container	
	• Milk Collection Storage Bags	87234	12 Boxes per Case (50 bags per box)	
	• Bra Pads (Washable)	89972	6 pk per case (4 pads per Box)	
	• Medication and Mothers Milk Book	1907248	1 book	
Printed Education Materials:			Total Quantity:	0


Tear Sheet Description	Product Code	Quantity (pads of 100)	Quantity Ordered
Sore Nipple Management-English	1937001	Pad of 100	
Sore Nipple Management- Spanish	1937027	Pad of 100	
Preventing Engorgement-English	1937017	Pad of 100	
Preventing Engorgement -Spanish	1937018	Pad of 100	
Going Back to Work-English	1937019	Pad of 100	
Going Back to Work-Spanish	1937020	Pad of 100	
Breastmilk Collection and Storage-English	1937022	Pad of 100	
Breastmilk Collection and Storage-Spanish	1937021	Pad of 100	
Pump Kit Hygiene and Safety-English and Spanish	1977741	Pad of 100	
Did You Know Brochure (50 per pad) (English only)	1908100	Pad of 100	
			Total Quantity:

*Print material is free with orders

BF-2: MULTI-USER ELECTRIC BREAST PUMP TRACKING LOG:



**GEORGIA WIC PROGRAM
MULTI-USER ELECTRIC BREAST PUMP TRACKING LOG**



Pump Serial Number _____ Location (Clinic number and name) _____


**Contact to be made in the first 24-48 hours of issuance and contacts are to be made every month thereafter.

Issuance					Follow Up	Return		
Date Issued	Participant Name, Phone Number & WIC ID	Reason Code	Pump Kit Issued?	Issuance Signature <small>(Signature of WIC staff that issued pump)</small>	Contact Dates & Initials	Date Pump Returned	Return Signature <small>(Signature of WIC staff that returned the pump)</small>	Date Inspected / Cleaned & Initials
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					
			<input type="checkbox"/> Yes <input type="checkbox"/> No					


REASON CODES:

- A. Premature, hospitalized or special needs infant
- B. Problems with latch and/or milk transfer
- C. Mom hospitalized
- D. Re-lactation
- E. Full-time Work, School or other Separation

BF-3: PERSONAL DOUBLE PUMP INVENTORY LOG:



Georgia WIC Program
Personal Double Pump (PDP) Inventory Log




DATE	Printed Participant Name or ID	Reason Code	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Personal Double Pump <i>(This is the ending balance from the previous page)</i>				
	Ending Log Balance of Personal Double Pump <i>Carry the ending log balance to the first line of the new page.</i> <i>Reconcile physical inventory against running balance at least quarterly.</i>				


REASON CODES:

- A. Full-time Work, School or other Separation
- B. Is away from her baby for nine (9) or more feedings per week, and is unable to feed her baby while at work or at break time
- C. Successfully, exclusively breastfeeds their infant who is at least four (4) weeks old.
- D. Is having no problem with breastfeeding (if they are having problems, issue a multi-user breast pump for one (1) month and refer to area IBCLC).
- E. Plans to breastfeed exclusively for at least four (4) to six (6) months and will not be expecting formula from WIC.

Manual Breast Pump Inventory Log:



Georgia WIC Program
Manual Breast Pump Inventory Log



Reason Codes:

- A. Resolve short-term breastfeeding concern (*engorgement, flat or inverted nipples, oversupply, sleepy baby, plugged duct, etc.*)
- B. Infrequent separation(s) of mother and baby (*part-time work or school, mom does not want to breastfeed in public, etc.*)

DATE	Printed Participant Name or ID	Reason Code	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Manual Breast Pumps <i>(This is the ending balance from the previous page)</i>				
	Ending Log Balance of Manual Breast Pumps <i>Carry the ending log balance to the first line of the new page. Reconcile physical inventory against running balance at least quarterly.</i>				

Symphony Pump Kit Inventory Log:

DATE	Printed Participant Name or ID	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Symphony Pump Kit <i>(This is the ending balance from the previous page)</i>			
	Ending Log Balance of Symphony Pump Kit <i>Carry the ending log balance to the first line of the new page.</i> <i>Reconcile physical inventory against running balance at least quarterly.</i>			

Symphony – Car Adaptor Inventory Log:

DATE	Printed Participant Name or ID	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Car Adaptors <i>(This is the ending balance from the previous page)</i>			
	Ending Log Balance of Car Adaptor Inventory <i>Carry the ending log balance to the first line of the new page. Reconcile physical inventory against running balance at least quarterly.</i>			

Personal Double Pump (PDP) – Car Adaptor Inventory Log:

DATE	Printed Participant Name or ID	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Car Adaptors <i>(This is the ending balance from the previous page)</i>			
	Ending Log Balance of Car Adaptor Inventory <i>Carry the ending log balance to the first line of the new page. Reconcile physical inventory against running balance at least quarterly.</i>			

Milk Storage Bag Inventory Log:

DATE	Printed Participant Name or ID	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Milk Storage Bags <i>(This is the ending balance from the previous page)</i>			
	Ending Log Balance of Milk Storage Bags <i>Carry the ending log balance to the first line of the new page. Reconcile physical inventory against running balance at least quarterly.</i>			



Bra Pads (Washable) Inventory Log:

DATE	Printed Participant Name or ID	Inventory Verified (V) Issued (I) Received (R)	Running Balance	Staff's Signature
	Beginning Balance of Bra Pads <i>(This is the ending balance from the previous page)</i>			
	Ending Log Balance of Bra Pads <i>Carry the ending log balance to the first line of the new page.</i> <i>Reconcile physical inventory against running balance at least quarterly.</i>			

BF-4: Quick Reference for Issuing Breast Pumps:

Georgia WIC - Quick Reference to Issuing Breast Pumps: 2016	
<p>Pump Issuance Guidelines: Pump issuance must be provided only by WIC authorized personnel, including CPA's, Breastfeeding Peer Counselors (PC), CLC's, and Lactation Consultants. However, PC's <u>are not allowed</u> to clean pumps or manage the pump program; including, tracking or inventorying pumps. (See PC Program Guidelines FY2016). Note: Breast pumps are loaned free of charge, without a monetary deposit.</p>	
Type of Pump / Criteria for Issuing Breast Pumps	Pump Issuance: All Pumps
<p>One Handed Manual Pump (Harmony Pump): This pump is for clients who</p> <ul style="list-style-type: none"> • Are looking for work. • Have an on-going, short term separation from their babies • Are working or going to school less than 20 hours a week. • May not have access to electricity when pumping. Staff can issue two pumps for double pumping, if needed. • Request for engorgement. 	<ul style="list-style-type: none"> ✓ Assess the individual needs of the participant and select the appropriate pump for her situation. ✓ Demonstrate Hand Expression. ✓ Demonstrate the assembly and use of the pump, as well as milk collection kit ✓ Provide instructions for cleaning. ✓ Allow participant to demonstrate assembly and verbally explain how to clean the pump and kit. ✓ Explain proper milk storage guidelines; as well as how the participant will establish or maintain milk supply. ✓ Complete and file a "Breast Pump Release and Liability" form for each pump issued; file at the issuance clinic. ✓ Document information shared in participant's medical record.
<p>Multi-user Breast Pump (Symphony): This pump is for clients who</p> <ul style="list-style-type: none"> • Have a premature or medically fragile infant currently unable to feed at the breast. • Mother/Participant unable to feed baby at the breast due to their own medical issues. • Are having problems breastfeeding and must use pump to provide breast milk. • Has multiple babies (twins or triplets) and needs to increase her milk production. • Are returning to work or school within two (2) weeks and will be separated from their baby a significant portion of the day. • Unsure of mother's/participant's long term commitment to breast pumping. 	
<p>Personal Use Electric Breast Pump (PDP): This pump is for clients who</p> <ul style="list-style-type: none"> • Works or goes to school more than 20 hours per week or is planning to return to work in two (2) weeks, and • Is away from her baby for nine (9) or more feedings per week, and is unable to feed her baby while at work or at break time; and has, • Successfully, exclusively breastfeeds their infant who is at least four (4) weeks old. • Is having no problem with breastfeeding (if they are having problems, issue a multi-user breast pump for one (1) month and refer to area IBCLC). • Plans to breastfeed exclusively for at least four (4) to six (6) months and will not be expecting formula from WIC. 	
	<p>Follow Up After Issuance: All Pumps</p> <ul style="list-style-type: none"> ✓ Complete and file a "Breast Pump Release and Liability" form for each pump issued; file at the issuing clinic. ✓ Contact clients issued breast pumps within one (1) to five (5) business days of pump issuance, to ensure pump usage is going well. ✓ Refer clients who need additional help to appropriate support personnel. <p>Multi User Pump (Symphony)</p> <ul style="list-style-type: none"> ✓ Follow-up with participant, monthly, at a minimum, until pump is no longer needed and is returned to clinic. ✓ Document continued use of the pump or the need to return the pump in participants file.

BF-5: Multi-User Electric Breast Pump Loan Agreement:

		Multi-User Electric Breast Pump Loan Agreement			
District:	District:	Clinic:			
Name:		WIC ID #			
Infant's Name:		Infant DOB:			
Address					
City:		Zip Code:			
Phone:		2 nd Phone:			
Alternate Contact Person:					
Relationship:		Phone:			
Address:					
City:		Zip Code:			
Symphony Serial Number:					
Double Pump Kit Provided?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Car Adaptor Provided?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Reason for loan: Select reason from the drop down selection below.					
Reason for loan:					
Additional Documentation as needed:					
Date Returned:		WIC Staff Signature:			

Loan Conditions



Read each statement and sign below:

- I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to use and clean the pump, and how to safely store my breast milk. I will use the pump according to the instructions for assembly, use, and cleaning.
- I understand that this pump is the property of the Georgia WIC Program and is on loan to me. Therefore, I will not sell the pump, give it away, or let anyone else use it.
- I will protect the pump from theft or loss by keeping it in a secure location at all times, and will report any loss, theft or damage to the pump to the WIC Clinic.
- I will call my WIC clinic if the pump is not working properly, or if parts break.
- I will not smoke around the pump.
- I agree that the pump I have been loaned by WIC Clinic is clean and in good working condition, and that I will return the pump to the WIC Clinic in the same condition.
- I will return the pump if I no longer need the pump, if I leave Georgia, or if WIC asks me to do so. If I fail to return the pump, I agree to pay the WIC program back for the cost of the pump.
- I understand WIC will contact me to provide breastfeeding support and assess my continued need for the pump.
- I will maintain enrollment in WIC.
- I will notify WIC if I change my name, address or phone number.
- I give WIC staff permission to contact my alternate contact if I cannot be reached.
- I agree that I will not to bring a claim against the Georgia WIC Program, the local WIC Clinic, its affiliates, or any employee connected with WIC for any damages or expenses arising from use or possession of the pump.
- I acknowledge that I received an original hardcopy of the fully executed Multi-User Electric Breast Pump Loan Agreement.
- I understand and agree to these loan conditions, and further understand that continued use of the pump is at the discretion of the WIC Program.

Participant Signature: _____ Date: _____

WIC Staff Signature: _____ Date: _____

Personal Double Pump (PDP) and Manual Breast Pump Issuance Form:

		Personal Double Pump (PDP) and Manual Breast Pump Issuance Form			
District:	District:	Clinic:		<p style="text-align: center;">Breast Pump Issuance Conditions Read each statement and sign below:</p> <ul style="list-style-type: none"> I have received instruction on the assembly, use, and cleaning of the pump, and I understand how to use and clean the pump, and how to safely store my breast milk. I will use the breast pump according to the instructions for assembly, use, and cleaning. I agree that the breast pump I have been given by WIC Clinic is clean and in good working condition. I will call my WIC Clinic if the pump is not working properly. I understand that this breast pump is designed as a single-user pump, and is not intended to be shared. I understand that I am the only individual who is authorized to use this breast pump, and that I will not sell or give the pump away. I will not smoke around the pump. I understand that the WIC Clinic will contact me to provide breastfeeding support. I agree that I will not to bring a claim against the Georgia WIC Program, the local WIC Clinic, its affiliates, or any employee connected with the Georgia WIC Program for any damages or expenses arising from my use or possession of the pump. I understand and agree with the conditions for issuance of this breast pump. <p>Participant Signature: _____ Date: _____</p> <p>WIC Staff Signature: _____ Date: _____</p>	
Name:		WIC ID #:			
Infant's Name:		Infant DOB:			
Address:					
City:		Zip Code:			
Phone:		2 nd Phone:			
Type of pump issued:	<input type="checkbox"/> Manual Breast Pump <input type="checkbox"/> Personal Double Pump: Serial # _____				
Reason For Issuance:					
Additional Documentation as needed					


BF-6: Cleaning and Maintaining Multi User Electric Breast Pumps:

Symphony: Vacuum Check


Vacuum Check

Performing a vacuum check on your pump ensures your Symphony® is operating correctly for breastpumping mothers. Follow the instructions in the Proper Use of Vacuum Gauge Technical Bulletin on pages 24-25 for detailed instructions. The following values will guide you through gauging your Symphony vacuum levels:

The following values should read:

Stimulation		Expression			
					OFF
min*	max*	max*	min*	Elevation	
- 41	- 166	- 207	- 41	+ 6600'	
- 47	- 187	- 234	- 47	+ 3300'	
- 50	- 200	- 250	- 50	+ 1600'	
- 53	- 213	- 266	- 53	Sea Level	

*± 20 mmHg

Stimulation mode changes to Expression mode after 2 minutes unless the  button is pushed.

If you experience values outside of the normal limits reference refer to Technical Bulletin – Low or No Suction on pages 14-15.

Symphony: Vacuum Check (continued)

Proper Use of Vacuum Gauge

This technical bulletin will guide you through the steps of checking the vacuum levels of your Symphony® using a vacuum gauge. If you are unable to resolve the issue, please contact Customer Service at 800.435.8316.

Tools Required

- Vacuum Gauge - Item #1977005
- Symphony Double Pumping System - Item #67099
- Symphony/Lactina Double Pumping System - Item #67116

Directions

1. Insert the vacuum gauge into the hole in the rubber stopper.
2. Pull the tab on the rubber stopper to ensure proper fit onto gauge post. The tab should be positioned in the back of the vacuum gauge.
3. Insert the rubber stopper with gauge into breastshield.

4. Ensure a complete seal by firmly pressing on all edges of the stopper.
5. Connect only one Symphony membrane at a time onto diaphragm before you begin testing. Turn on the Symphony to measure the vacuum level. *(Both sides must be tested. Each side should be within 20mmHg or the mom will notice a difference.)*
6. After you have finished checking the vacuum levels, grasp the gauge and stopper tab to remove it.

Symphony Vacuum Settings

Stimulation Phase
120 CPM Vacuum Range 50 - 200mmHg
Expression Phase
78-54 CPM (varies) Vacuum Range 50 - 250mmHg

Refer to page 3 for extensive values chart for vacuum settings.

Symphony: Vacuum Check (continued)



Helpful Tips

- Vacuum levels will vary based on weather and elevation. Refer to the pump service instructions for vacuum levels based on elevation.
- Dropping or damaging the vacuum gauge may cause incorrect readings.
- This gauge is intended as a reference tool only, not as a means of accurate measure.

If you need further assistance with troubleshooting low suction with your Symphony, please refer to Technical Bulletin No. 103A.

If the above steps do not correct the issue, please contact Customer Service at 800.435.8316.

Symphony: Cleaning Directions

Cleaning

The Symphony® breastpump may be cleaned with Quick Clean™ wipes or a non-abrasive detergent for general cleaning. However, the Symphony should be disinfected between use by different mothers. This technical bulletin guides you through the steps to clean or disinfect your Symphony Breastpump. If you have questions regarding this technical bulletin, please contact Customer Service at 800.435.8316.

Tools Required

Cavicide® 8 fl oz -
Item #3007009

Soft Cloth

Quick Clean™ Wipes -
Item #87056

Warning – Please be sure to unplug Symphony prior to cleaning.

Directions

1. For cleaning in between a mother’s own sessions

To clean the pump use a Quick Clean™ wipe to wipe over the breastpump. Optionally, soapy water or a non-abrasive detergent may be used.

2 a-b. For cleaning in between different mothers

To disinfect the pump, we recommend a solution called Cavicide. Spray onto a clean cloth and wipe the breastpump, making sure not to spray or pour liquid directly onto the pump.

3. Do not immerse the pump unit in water; do not spray or pour liquid directly onto the pump.

Symphony: Cleaning Directions (continued)

1

2a



2b

3

DO NOT SPRAY OR POUR LIQUID DIRECTLY ONTO PUMP

If the above steps do not correct the issue, please contact Customer Service at 800.435.8316.


BF-7: Lost or Stolen Multiuser Breast Pump Reporting Form:

		Georgia WIC Program			
Lost or Stolen Multiuser Electric Breast Pump Report					
When should a "Lost or Stolen Multi User Electric Breast Pump Report" be completed?					
1) District must report after:					
a. (3) unsuccessful phone attempts and (1) mail attempt, or					
b. When a client transfers out with multi-user breast pumps and the clinic is unable to contact them.					
District:		Clinic:		Date Reported:	
Report filed by:		Phone:		E-mail:	
Breast Pump Serial Number:		Name of Pump (I.e. Symphony):			
Date of Pump Loan:		Date pump was due to be returned:			
Pump loaned to (Participant Name):		WIC ID Number:		Date of Birth:	
Address:					
Breast Pump is:	<input type="checkbox"/>	Lost	Describe what happened if lost or stolen including recovery attempts.		
	<input type="checkbox"/>	Stolen			
Police Report Case number (If Stolen):					
Required Attachments:					
• Signed Breast Pump Loan Agreement		Agreement Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Names of Family WIC Participants:		WIC ID Number:		Date of Birth:	
1)					
2)					
3)					
4)					
5)					
6)					
*Return completed form to the State WIC Breastfeeding Coordinator.					

BF-8: Breast Pump Repair and Warranty Form:



Georgia WIC Program
Breast Pump Repair Form Request



District: _____ Clinic: _____ Date Form Completed: _____

Local Agency Staff Contact Name: _____ Phone: _____ E-mail: _____

District OR Clinic Shipping Address (Location to return pump after repaired): _____

Breast pumps need to be serviced by Medela if they are defective, broken, insect-infested, or contaminated by smoke. To receive service, please follow these steps:

- Complete this Breast Pump Repair Form with the information requested above and below.

Pump Type: Symphony or PDP	Serial Number:	Date *	Reason For Service:	State Use: Warranty < 1 year	State Use: Smoke or Insect Infestation

***For Symphony use date entered in SENDS data base. For Pump and Style PDP, use date pump was issued to participant (from Breast Pump Release Form) and Serial Number**

- FAX or e-mail this form to State WIC Breastfeeding Coordinator. Medela will be contacted if under warranty, and a Return Authorization Number (prepaid shipping label) will be requested.
- Prepare pump for shipment to Medela.
 - Double bag the pump. Do not use red bio hazard bags. Pack in a suitable box.
 - Once obtained, add the Return Authorization Number (RAN) to the outside of the box. This RAN will serve as the tracking number.
 - If the pump is insect-infested, mark "Infested" on the outside of shipping box.
 - Ship the pump to:

Medela Inc.
 4501 Prime Parkway
 McHenry, IL 60050

Medela Return Authorization Number/CA Number: CA _____ Date Number provided: _____

BF-9: Assignment of Priority to Breastfeeding Mother and Infant**Assignment of Priority to Breastfeeding Dyad**

- A. When a breastfeeding infant is certified for and enrolled in the Georgia WIC Program prior to its mother being subsequently certified, the infant may be assigned one of the following priorities:

If the infant has a risk factor of its own that would result in it being a Priority I, the infant **must** be assigned a **Priority I**.

If the infant has only a nutritional risk factor 701 (Infant of a WIC Mother or Mother with Nutritional Risk During Pregnancy), assign a **Priority II**. It may be helpful to “flag” the infant’s name/record through an internal tracking system (tickler card, computer, voucher register, etc.) to alert staff of the need to re-evaluate the infant’s priority at the mother’s postpartum certification. Also, if a mother was on WIC during her prenatal period, assess her nutritional risk factors. For example, if the mother was assessed nutritional risk factor 111 (Overweight) and she is less than six (6) months postpartum, then assign a **Priority 1**.

If the infant’s mother was assigned a Priority I based on documented postpartum breastfeeding risk factors, assign a **Priority I** to the infant.

- B. When the mother of a breastfeeding infant is certified at a **later time** than the infant, one of the following actions **must** be taken:

If the mother is no longer breastfeeding, she must be assessed as a non-breastfeeding postpartum woman (status is changed from P to N), and she must be assigned the appropriate priority based on the assessment. Her infant will retain the priority assigned at its enrollment.

If the mother is still breastfeeding, she must be assessed as a breastfeeding woman (status is changed from P to B). The highest priority of either the mother or her infant(s) **must be** assigned to **both** the mother and her infant(s). This priority and the supportive risk criteria **must** be documented in the health record of **both** the mother and her infant(s).

BF-10: Key for Entering Weeks Breastfed

The number of weeks breastfed must be manually entered when completing paper WIC Assessment/Certification Forms and paper Turnaround Documents for:

Breastfeeding Women: at the initial and six-month certification visits

Postpartum, non-breastfeeding women: at the certification visit

Infants: at the initial certification and mid-certification nutrition assessment visits

Children: at the one-year of age certification visit (11 to 24 months of age)

Length of time breastfed **must be entered in weeks (two-digit)**. When the answer to the question, "how long have you breastfed this baby/child?" 3 or "how long has this baby/ child been breastfed?", is given in days or months, use the following key to determine appropriate codes:

Codes to Enter When Breastfeeding is Given in Days

Convert Days to Weeks		
Fewer than 7 days	=	00 weeks
7 - 13 days	=	01 week
14 - 20 days	=	02 weeks
21 - 27 days	=	03 weeks
28 - 34 days	=	04 weeks
35 - 41 days	=	05 weeks
42 - 48 days	=	06 weeks

Source: Georgia WIC Program ETAD Change Number 08-12b, 2008.

II. Codes to Enter When Breastfeeding is Given in Months

1 month	=	04 weeks		12 Months	=	52 weeks
2 months	=	08 weeks		13 Months	=	56 weeks
3 months	=	13 weeks		14 Months	=	61 weeks
4 Months	=	17 weeks		15 Months	=	65 weeks
5 Months	=	22 weeks		16 Months	=	69 weeks
6 Months	=	26 weeks		17 Months	=	74 weeks
7 Months	=	30 weeks		18 Months	=	78 weeks
8 Months	=	35 weeks		19 Months	=	82 weeks
9 Months	=	39 weeks		20 Months	=	87 weeks
10 Months	=	43 weeks		21 Months	=	91 weeks
11 Months	=	48 weeks		22.5 Months +	=	98 weeks or more

Source: Enhanced Pregnancy Nutrition Surveillance System User's Manual. Division of Nutrition, Center for Chronic Disease Prevention & Health Promotion, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, Public Health Service. February 2000.

BF-11: Estimating Formula Needs/Breast Pump Codes
Estimating Formula Needs

Feeding Type	Amount of Powder Formula to Issue	Daily Formula Intake	Weekly Formula Intake	Monthly Amount Needed
MBF	1 can	3 oz	14 – 20 oz	60 - 90 oz
MBF	2 cans	6 oz	21 – 41 oz	91- 180 oz
MBF	3 cans	9 oz	42– 62 oz	181 - 270 oz
MBF	4 cans	12 oz	63– 83 oz	271 - 360 oz
MBF	5 cans	16 oz	84 – 104 oz	361- 450 oz
SBF	6 cans	18 oz	105 – 125 oz	451 – 540 oz
SBF	7 cans	21 oz	126 – 146 oz	541 – 630 oz

One can of powder formula equals approximately 3.5 cans of concentrate. One can of powder formula equals approximately 3 cans of ready to feed.

Maximum Amounts Allowed for Standard Formula – Fully Formula Fed Infant

Age (months)	0-3	4-5	6-11
Powder (12.7 oz)	9	10	7
Concentrate (12.1 oz)	34	37	26
Ready to feed (33.8 oz)	25	27	19

Maximum Amounts Allowed for Standard Formula – Mostly Breastfed Infant

Age (months)	0-1	2-3	4-5	6-11
Powder (12.7 oz)	1	4	5	4
Concentrate (12.1 oz)	3	15	18	13
Ready to feed (33.8 oz)	3	12	14	10

Types of Breast Pump Codes

Type of Breast Pump	Input Code
No tracking required	N
Bailey Nuture III	B
Elite	E
Lactina	L
Pedal	P
Symphony	S
Purely Yours	Y
Other	O

BF-12: WIC BREASTFEEDING PEER COUNSELOR PROGRAM GUIDELINES FFY 2016



INTRODUCTION

For WIC mothers to choose to breastfeed and then to implement this choice, education, commitment, support and skilled help is required. Promotion of breastfeeding is not enough; to be successful, mothers may need many hours of support that is skilled and is provided when needed. Studies support the addition of paraprofessional breastfeeding peer counselors as a core WIC service to provide the needed additional time and skilled help. The Peer Counselor may provide specific breastfeeding support and educational services in the Georgia WIC Program to supplement existing WIC breastfeeding education and support. Georgia WIC supports the initiation and development of breastfeeding Peer Counselor programs by providing technical assistance, sample forms, and the following policy that details how breastfeeding peer counselors can be incorporated into the Georgia WIC program.

I. Definition of a Breastfeeding Peer Counselor (BFPC)

The BFPC may provide specific breastfeeding support and educational services in the Georgia WIC Program. The qualifications, functions, and training of the BFPC are as follows:

- A. The BFPC should be a woman of the community with similar characteristics as the WIC clients she serves. Previous or current WIC participants with successful breastfeeding experience and enthusiasm for breastfeeding may be recruited, hired and trained to be Peer Counselors.
- B. BFPCs should have attended the Loving Support™ Peer Counselor Training or comparable 20-hour training, including all the significant components of the Loving Support™ Peer Counselor Training.
- C. The BFPC may function in the WIC Program under the direct supervision of a Breastfeeding Coordinator, Breastfeeding Peer Counselor Program Manager, Peer Counselor Supervisor or Nutrition Manager.

II. Peer Counselor Training

BFPCs should be trained specifically for each task for which they are responsible, using the guidelines in the document.

- A. Initial training of Peer Counselors should include:
 - 1. Orientation to the agency
 - 2. Job expectations (See Attachment D for sample Job Description)
 - 3. Overview of WIC policies and procedures
 - 4. HIPAA training and principles of confidentiality
 - 5. WIC Civil Rights training
 - 6. Scope of practice for Peer Counselors

WIC Peer Counselor Program Guidelines

7. Breastfeeding basics
8. Three-Step Counseling and Active listening techniques
9. Referral criteria and procedures for referral
10. Required documentation and proper format for documentation

III. Alternate Peer Counselors

Georgia WIC recommends each local agency to have an equal number of Alternate Peer Counselors as hired Peer Counselors. Alternate Peer Counselors are women who have attended the Loving Support through Peer Counseling training or an equivalent training program and are available to presume the duties of a Peer Counselor upon their absence. Many successful programs recruit and train twice as many Peer Counselors as they need.

The advantages of having Alternate Peer Counselors are:

1. You have educated more women about breastfeeding
2. If a woman decides peer counseling is not for her, the agency has a pool of trained mothers to choose from
3. Women who are not hired will be another voice providing positive information in the community

Alternate Peer Counselors are paid for attending trainings and when they perform any peer counseling duties. Agencies may elect to hire additional Peer Counselors or increase the number of hours a Peer Counselor works instead of having alternates.

IV. Supervision of Peer Counselors

The Peer Counselor may function in the WIC Program under the direct supervision of a District Breastfeeding Coordinator, a Breastfeeding Peer Counselor Program Manager, Peer Counselor Supervisor or Nutrition Manager with breastfeeding expertise.

A. Supervision of Peer Counselors includes:

1. Involvement in the initial training of Peer Counselors
2. Observation of Peer Counselors at work
3. Regularly scheduled meetings with Peer Counselors. These may be weekly as Peer Counselors learn their jobs, decreasing to monthly
4. Evaluation of Peer Counselor's performance
5. Oversight of data collection and documentation submission to the state

B. The supervisor will need a sufficient number of hours each week to adequately supervise and be available to the Peer Counselors; hours will vary depending on the number of Peer Counselors and their skill levels.

C. The supervisor should have a cultural understanding of women who may have never worked before and be willing to help with developing job skills and good work habits.

D. The supervisor will act as a mentor for up to six months as Peer Counselors learn job skills and duties.

WIC Peer Counselor Program Guidelines

- E. Supervisors are to include Peer Counselors in regular WIC staff meetings. Generally, the supervisor or lead Peer Counselor will assign WIC enrolled pregnant women to a Peer Counselor's caseload using the following criteria:
 - 1. Peer Counselor is an appropriate match for the language/cultural group of the pregnant woman.
 - 2. The pregnant woman's due date is in balance with other cases, (i.e., no more than six expected deliveries per month.)
 - 3. The Peer Counselor has not met her caseload maximum.

- F. New supervisors may need to obtain continuing education in cultural sensitivity, personnel management, mentoring, supervisory principles, etc., as needed.

V. Compensation

The Breastfeeding Peer Counselor should be compensated fairly according to the policies and procedures of the local agency. The following factors should be considered when determining compensation:

- A. Georgia WIC recommends that Peer Counselors be paid a minimum of eleven dollars (\$11.00) per hour. Alternate Peer Counselors be paid ten dollars (\$10.00) per hour for trainings. The maximum hours a Peer Counselor should work is based upon the district's part-time work hours 29-30 hours/week.

- B. Retention of Peer Counselors is directly related to salary and benefits offered.

- C. The role of Peer Counselors is legitimized within the local WIC program when they are adequately compensated for their work.

VI. Peer Counselors' Scope of Practice

Breastfeeding Peer Counselors must work within well-defined limits. Their training and coaching should emphasize this requirement so that they practice safely and effectively within WIC program guidelines.

- A. Peer Counselors provide breastfeeding education, support and advocacy by:
 - 1. Educating parents about normal breastfeeding;
 - 2. Providing emotional support to mother and significant others through personal interaction;
 - 3. Providing anticipatory guidance to reduce preventable problems;
 - 4. Providing information on the effects of foods, medications and home remedies on lactation within guidelines of clinic policy;
 - 5. Acting as an advocate for breastfeeding in the community, workplace and healthcare system;
 - 6. Understanding how the cultural attitudes and practices of their community impact breastfeeding, including various myths and misconceptions about breastfeeding;
 - 7. Assisting in teaching breastfeeding classes for mothers and significant others;
 - 8. Providing information on additional sources of help to the breastfeeding family, including appropriate written and video material; and

WIC Peer Counselor Program Guidelines

9. Participating and assisting in the development and coordination of peer support groups.
- B. Following history-taking and observation, Peer Counselors provide information, options, and assistance to mothers on the following topics:
1. Increasing or decreasing infant breastmilk intake, including proportion of hindmilk/foremilk;
 2. Increasing or decreasing maternal milk supply;
 3. Hand expression of milk;
 4. Safe and effective collection and storage of milk using manual or electric breastpumps;
 5. Safe and effective use of breast shells for flat or retracted nipples;
 6. Gradual weaning;
 7. Nighttime nursing;
 8. Breastfeeding in public and modesty issues;
 9. Benefits to mom and baby of exclusive breastfeeding for the first six months;
 10. Selection and use of breast pads, bras, nursing garments, nursing pillows;
 11. Use of slings and soft baby carriers
 12. Use of artificial teats and pacifiers, nipple creams, oils and shields
 13. Effects on lactation of supplemental and complementary feeding

C. Job Requirements

A Peer Counselor must:

1. Contact each pregnant woman who has been assigned to her caseload within one week of assignment;
2. Attempt to have a face to face meeting with each woman within one month of receiving the assignment;
3. Document each client encounter using the appropriate form (See Appendix A, (Initial Referral,) Appendix B, (Client Log,) and Appendix C, (Weekly Report.)
4. Discuss with each mother her concerns and perceptions about breastfeeding;
5. Refer the mother to a lactation consultant or other appropriate healthcare provider for other intervention when indicated by training or policy;
6. Develop with the mother and her significant others a breastfeeding plan that will fit their situation, based on history and observation;
7. Assist the mother in setting goals within the context of her socioeconomic situation;
8. Provide consistent and appropriate follow up;
9. In collaboration with appropriate health professionals, assist the mother in implementing special plans for the continuation of breastfeeding if any of the following conditions are present in the mother or baby:
 - Temporary mother-baby separation
 - Return to work or school
 - Moderate breast engorgement/ plugged ducts
 - Delayed or inconsistent milk ejection reflex;
 - Minor variations in milk supply;
 - Breast refusal or “nursing strike”

D. Referral Policy

Generally, Breastfeeding Peer Counselors are to confer with their supervisor whenever they doubt that a baby is thriving. In addition, the following specific problems or situations must be referred:

1. Alcohol (or Antabuse) consumption by the mother;
2. Baby with health problems such as Down Syndrome, jaundice, cleft of lip and/or palate, or any medical problem that may impact breastfeeding;
3. Continued poor milk supply after Peer Counselor intervention;
4. Unresolved engorgement after Peer Counselor intervention;
5. Signs of failure to thrive;
6. How and what to give for supplementation;
7. Maternal use of illegal or toxic substances;
8. Maternal health problems including, but not limited to: mastitis, postpartum depression, medication use that is not recognized as safe for breastfeeding, breast surgery, including enhancement or reduction surgery, breast injury, eating disorders, or any other medical problem that may impact breastfeeding;
9. Any socioeconomic situation which requires social work or legal intervention, such as domestic violence or suspected child abuse;
10. Pregnancy during lactation;
11. Attempts at relactation or induced lactation;
12. Severe nipple pain unresolved after peer intervention; and
13. Smoking over ten cigarettes per day.

E. Contraindications to breastfeeding

There are few absolute contraindications to breastfeeding but Peer Counselors must be aware of the following:

1. Infant diagnosed with galactosemia, a rare genetic metabolic disorder
2. Infant whose mother:
 - Has been infected with the human immunodeficiency virus (HIV)
 - Is taking antiretroviral medications
 - Has untreated, active tuberculosis
 - Is infected with any type HTLV virus2
 - Is using an illicit drug or drugs
 - Is taking prescribed cancer chemotherapy agents, such as antimetabolites that interfere with DNA replication and cell division
 - Is undergoing radiation therapies. (Such nuclear medicine therapies may require only a temporary interruption in breastfeeding, however.)
 - Has cytomegalovirus, (CMV) and a premature infant
 - Develops Varicella-zoster (VZV) infection just prior to delivery, (Chickenpox)

F. Limitations to practice

The Breastfeeding Peer Counselor will NOT:

1. Provide specific medical or nutritional advice as defined in the scope of practice of licensed health care professionals;
2. Work unsupervised or without the collaboration of other health care professionals

WIC Peer Counselor Program Guidelines

3. Provide breastfeeding peer counseling services to non-WIC participants. Peer Counselors should refer WIC-eligible women to the WIC clinic to apply for WIC benefits. Peer Counselors should refer women who are not WIC-eligible to appropriate non-WIC resources.

G. Other Activities and Responsibilities for Experienced Peer Counselors

1. Identify and assist in recruiting additional candidates for Breastfeeding Peer Counsel training;
2. Assist in training new Breastfeeding Peer Counselors
3. Assist in training sessions for other health care providers

VII. Breastfeeding Peer Counselor Practice Locations

WIC Breastfeeding Peer Counselors should work principally in the WIC clinic setting, meeting women face to face.

- A. Providing services outside of normal clinic hours and locations, however, is a hallmark of a successful peer counselor program. WIC Breastfeeding Peer Counselors can provide services in a variety of other settings such as:

1. Hospitals
2. Physicians' offices
3. Community centers
4. Churches, mosques and synagogues
5. Retail spaces and
6. Home visits

- B. Breastfeeding Peer Counselors should be available to participate outside of normal working hours. This availability may take several forms:

1. Phone calls, where participants are allowed to call Peer Counselors within specified hours;
2. Evening or weekend education/support groups meetings;
3. Evening or weekend visits to WIC clients in the hospital or home.
4. Visits to prenatal or postpartum clinics at physicians' offices or hospital clinics.

Peer Counselors providing services outside normal working hours must be instructed on where to refer mothers and babies having problems. The referral may be made to the WIC Peer Counselor supervisor, a lactation specialist contracted by the WIC clinic to provide referral assistance, the hospital where the mother delivered, the baby's pediatrician or the emergency department of the local hospital. All referrals must be documented and reported to the peer counselor's supervisor at the earliest opportunity.

VIII. Peer Counselor Continuing Education

Successful Peer Counselor programs ensure that Peer Counselors receive continuing education. Georgia WIC Breastfeeding Peer Counselors should participate in continuing education activities and attend in-service programs and conferences.

WIC Peer Counselor Program Guidelines

- A. Breastfeeding Peer Counselors are required to receive twelve (12) hours of breastfeeding and counseling specific continuing education yearly.
- B. Documentation of this training must be maintained on a federal fiscal, state fiscal or calendar year. If the Local Agency decides to change the tracking period, they must maintain two logs until such time as the full year transition occurs.
- C. The Local Agency Breastfeeding Peer Counselor Continuing Education Documentation Log should include the following criteria at a minimum for each Peer Counselor in the local agency:
 - 1. Peer Counselor name and title
 - 2. Clinic number(s)
 - 3. Yearly total of continuing education hours received
 - 4. Hire and termination date
- D. Acceptable continuing education topics include:
 - 1. Counseling and communication skills;
 - 2. Breastfeeding support
 - 3. Work/job performance
 - 4. Cultural sensitivity
 - 5. General health and safety issues
 - 6. Grief counseling
- E. Local agencies should encourage attendance at:
 - 1. Locally sponsored breastfeeding workshops and conferences;
 - 2. Other health and safety skills sessions, such as CPR and universal precautions

IX. Peer Counselor Retention

After investing in the recruitment and training of Peer Counselors, retention becomes important. However, retaining Peer Counselors can be challenging.

- A. New Peer Counselors who have never been employed before may not easily adapt to a rigid work schedule. Peer Counselors often face the same personal and life problems that also impact regular WIC participants. Flexibility in work hours and time off not usually allowed other employees should be considered.
- B. Initial and ongoing training is required to equip Peer Counselors with the tools they need to work well and feel confident. Confident and competent employees who enjoy their jobs are more likely to stay.
- C. It is important to help Peer Counselors feel that they are a part of the WIC Team by regularly including them in staff meetings and allowing them to contribute.
- D. Peer Counselors need to know they have a reliable referral system and someone they can come to with questions. Supervisors must be assigned the time it takes to assure availability.

WIC Peer Counselor Program Guidelines

- E. Devise a career path for Peer Counselors. Studies show that successful Peer Counselors are empowered to improve their lives in many ways. One way to address this ambition is to develop a career path within the WIC program. For example, the job title of Breastfeeding Peer Counselor I and II, with II being given increased responsibility and pay.

X. Monitoring Peer Counselors

Initial close monitoring of new Breastfeeding Peer Counselors will reassure WIC administrators that the program is going well and can reveal problem areas, such as inaccurate information being given out, unprofessional comments being made or inappropriate counseling techniques being used, before they get out of hand. As Peer Counselors learn their jobs and trust is built, monitoring may decrease to a less intense level.

- A. Monitoring activities include:

1. Observing contact with clients or potential clients in the clinic
2. Listening to phone counseling
3. Reviewing contact documentation
4. Surveying WIC participants in caseload
5. Surveying other WIC staff
6. Surveying community partners

- B. Sometimes it becomes necessary to dismiss a Peer Counselor.

- C. Reasons to dismiss a Peer Counselor may include:

1. Not performing job duties after remedial intervention
2. Fraud, e.g. reporting work that was not done on time sheets
3. Inappropriate conduct in the community, (including substance abuse.)
4. Inappropriate interaction with clients and/or coworkers
5. Failure to comply with dress code requirements

Attachments

(This page is intentionally left blank)

A-1 Referral to Breastfeeding Peer Counselor

Peer Counselor #: _____

Name of Client: _____ WIC ID Number: _____

Address: _____

Phone: (home) _____ (cell): _____ Age: _____

Due Date: _____ Baby's DOB: _____ Baby's Name: _____

_____ Client is interested in receiving breastfeeding information.

_____ Client is currently breastfeeding.

_____ Client needs follow-up help with breastfeeding.

Explain: _____

_____ Other: _____

Referred by: _____ Date: _____

Peer Counselor #: _____

Name of Client: _____ WIC ID Number: _____

Address: _____

Phone: (home) _____ (cell): _____ Age: _____

Due Date: _____ Baby's DOB: _____ Baby's Name: _____

_____ Client is interested in receiving breastfeeding information.

_____ Client is currently breastfeeding.

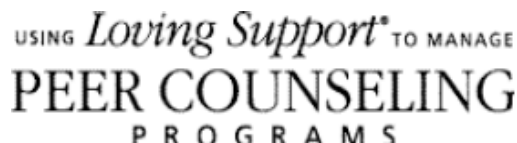
_____ Client needs follow-up help with breastfeeding.

Explain: _____

_____ Other: _____

Referred by: _____ Date: _____

A-2 Self-Referral for Breastfeeding Peer Counselor Program



YOUR HEALTH CENTER
HEALTH CENTER ADDRESS
YOUR TOWN, GA (ZIP)
PHONE

(For Peer Counselor Use Only)
Assigned to: _____
Date: _____
Clients WIC ID #: _____

Name: _____ Race: _____ Date: _____

Address: _____ GA: _____
Street / Apt. # City State ZIP
Phone: () _____ Age: _____ DOB: _____ / _____ /19

Additional Phone: () _____ (Cell / Work / Relative)

Email address: _____

Date your baby is due: ___/___/___ OR Date of delivery: ___/___/___

Is it okay for a Peer Counselor to leave a message on your phone? ___ Yes ___ No
(Check one)

What are the best time(s) for a Peer Counselor to call you?

Do you have other children? ___ Yes ___ No

If yes, did you breastfeed, formula feed or combine breast and formula feeding?
(Please circle one.)

How old was your child when you stopped breastfeeding? _____.

What was your reason for stopping? _____

Do you plan to breastfeed this baby? ___ Yes ___ No ___ Not sure

Were **you** breastfed as a baby? ___ Yes ___ No ___ Don't know

_____ I am interested in receiving more information about breastfeeding

_____ I would like to talk with a Breastfeeding Peer Counselor.

THANK YOU FOR filling out this form

For WIC Staff: Next pick up date: _____
--

A-3 Self-Referral in Spanish



YOUR HEALTH CENTER
HEALTH CENTER ADDRESS
YOUR TOWN, GA (ZIP)
PHONE

(For Peer Counselor Use Only)
Assigned to: _____
Date: _____
Clients WIC ID #: _____

REFERENCIA PARA EL PROGRAMA DE
CONSEJERIA DE LACTANCIA

Nombre: _____ Raza: _____ Fecha de hoy _____

Dirección: _____ GA _____
_____ Calle y numero Apto. Ciudad Estado Codigo postal

Teléfono: (____) _____ Edad: _____ Fecha de Nacimiento : ____/____/19____

Telef. Adicional (celular, trabajo, amigo, pariente, etc.) (____) _____

Dirección de correo electrónico (email): _____

Fecha en que nacerá el bebé _____ o fecha en que nació el bebé _____

Acepta usted que la Consejera de Lactancia le deje mensaje en su teléfono ____ Si ____ No
(Marque uno)

La mejor hora de llamarle es _____

Usted ya tiene otro(s) hijo(s)? ____ Si ____ No. Si su respuesta es SI, Cómo los alimentó?

(Por favor maque uno) _____ Le di pecho _____ Fórmula _____ Las dos (pecho y fórmula)

Si le(s) dio pecho, Por cuanto tiempo? _____ Por que razón decidió dejar de dar pecho? _____

Desea dar pecho a este bebé? ____ Si ____ No ____ No sé.

Sabe si usted fue amamantada? ____ Si ____ No ____ No sé.

_____ Yo estoy interesada en recibir información sobre lactancia materna.

_____ Me gustaría conversar con la consejera de lactancia.

GRACIAS por completar este formulario.

For WIC Staff:

Next pick up date: _____

B: Peer Counselor Client Contact Log

Peer Counselor # _____
 Mother's First Name: _____ Mother's WIC ID Number: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Home Phone: _____ Cell Phone: _____
 Race: White / Black / Asian / Am. Indian/Alaskan Native / Native Hawaiian / Pacific Islander / Other
 Hispanic: Yes / No WIC Type when Enrolled: Prenatal/Postpartum Food Package: _____ / _____ / _____
 Directions to house: _____

Prior Breastfeeding Experience: Yes ___ No ___ Due Date: _____ Mother's Date of Birth: _____
 Baby's Date of Birth: _____ Gestational Age: _____ wks Baby's Name: _____
 Baby's Birth Weight: _____ Discharge Weight: _____ Two Week Weight: _____
 Breastfeeding: Exclusive _____ Partial _____ Works Outside of Home: Full-time _____ Part-time _____
 Breastfeeding Duration at each Post-partum Visit: ___ wks ___ wks ___ wks ___ wks ___ wks ___ wks
 Reason Mother Stopped Breastfeeding: _____ Baby's Age when Weaned: _____

Referrals

Perceived Barriers

Type	Date	Type	Date	Barrier	Date(s)
TANF		Mental Health		Influence of family/friends	
Food Stamps		Other:		Embarrassment	
Medicaid		Other:		Loss of freedom	
Children First		Other:		Concern about dieting/health practices	
PCM/PRS		Other:		Lack of confidence	
Child Health		Other:		Work/school schedule	
Women's Health		Other:		Fear of Pain	
Family Planning		Other:		Other:	
GED/Higher Education		Other:		Other:	
Smoking Cessation		Other:		Other:	
Violence Against Women		Other:		Other:	
Department of Labor		Other:		Other:	

Prenatal Contacts

Contact Number	1	2	Comments/Reason for Yield:
Date			Contact 1:
Type of Contact 1-Telephone (A-Attempted, M-Message D-Disconnected), 2-Home Visit, 3-Group Class, 4-Mail, 5-Clinic Visit, 6-Hospital Visit, 7-Other			
Content			
Breastfeeding Barriers			
Breastfeeding Benefits			Contact 2:
Basic Breastfeeding Techniques			
Breastfeeding Management			
Return to Work or School			
Class or Group Invitation			
Other:			

Prenatal Contacts

Contact Number	3	4	5	6	Comments/Reason for Yield:
Date					Contact 3:
Type of Contact 1-Telephone (A-Attempted, M-Message D-Disconnected), 2-Home Visit, 3-Group Class, 4-Mail, 5-Clinic Visit, 6-Hospital Visit, 7-Other					
Content					Contact 4:
Breastfeeding Barriers					
Breastfeeding Benefits					
Basic Breastfeeding Techniques					Contact 5:
Breastfeeding Management					
Return to Work or School					
Class or Group Invitation					Contact 6:
Other:					
Other:					

Code Key

BF-Breastfeeding	C/S-Cesarean Section	LD-Let Down
BoF-Bottle Feeding	FN-Flat Nipple	NSVD-Normal Single Vaginal Delivery
B-Baby	IN-Inverted Nipple	P-Prenatal
M-Mother	L/O-Latch On	PP-Postpartum
PC-Peer Counselor	PO-Position	EBM-Expressed Breast Milk
IBCLC-Lactation Consultant	REF-Referral	
LC-Lactation Counselor	SN-Sore Nipple	

Postpartum Contacts

Contact Number	1	2	3	4	Comments/Reason for Yield:
Date					Contact 1:
Type of Contact 1-Telephone (A-Attempted, M-Message D-Disconnected), 2-Home Visit, 3-Group Class, 4-Mail, 5-Clinic Visit, 6-Hospital Visit, 7-Other					
Content (check areas discussed)					
Baby's Bowel Movements					
Baby Fussy/Colicky					Contact 2:
Baby Sick					
Breastfeeding Barriers					
Basic Breastfeeding Techniques (Position/Latch)					
Breast Infection					
Class or Group Invitation					
Diet					
Engorgement					
Family Planning					
Growth Spurt					
Milk Supply Issues					Contact 3:
Medical Situation/ Medication Use					
Nursing Schedule					
Premature Infant					
Pumping/Hand Expression					
Referral to Lactation Consultant/Counselor					
Relactation					
Return to Work or School					
Sore Nipples					
Teething					
Twins					Contact 4:
Weaning					
WIC Referral					
Other:					
Other:					
Other:					
Other:					

Postpartum Contacts

Contact Number	5	6	7	8	Comments/Reason for Yield:
Date					Contact 5:
Type of Contact 1-Telephone (A-Attempted, M-Message D-Disconnected), 2-Home Visit, 3-Group Class, 4-Mail, 5-Clinic Visit, 6-Hospital Visit, 7-Other					
Content (check areas discussed)					
Baby's Bowel Movements					
Baby Fussy/Colicky					Contact 6:
Baby Sick					
Breastfeeding Barriers					
Basic Breastfeeding Techniques (Position/Latch)					
Breast Infection					
Class or Group Invitation					
Diet					
Engorgement					
Family Planning					
Growth Spurt					
Milk Supply Issues					Contact 7:
Medical Situation/ Medication Use					
Nursing Schedule					
Premature Infant					
Pumping/Hand Expression					
Referral to Lactation Consultant/Counselor					
Relactation					
Return to Work or School					
Sore Nipples					
Teething					
Twins					Contact 8:
Weaning					
WIC Referral					
Other:					
Other:					
Other:					
Other:					

C: Peer Counselor Weekly Activity Report

Name: _____ PC#: _____ Signature of Employee: _____ Date: _____
 Clinic/Local Agency: _____ Signature of Supervisor: _____ Date: _____
 Week Ending: _____ Page: _____ of _____ Total Hours: _____

Date	FOR CLIENT CONTACT ONLY			USE FOR TRAINING/INSERVICE		Number of Hours***	Mileage	Remarks
	WIC ID Number	Type of Contact*	WIC Type**	Time	Subject of Training/In-service			
					TOTALS			

*Type of Contact: 1-Telephone, 2-Home Visit, 3-Group Class, 4-Mail, 5-Clinic Visit, 6-Hospital Visit, 7-Other, 8-Shadowing

**WIC Type: P-Prenatal, B-Breastfeeding, N-Non-Breastfeeding

***Time Key: 60 minutes = 1 hour, 45 minutes = .75 hour, 30 minutes = .5 hour, 15 minutes = .25 hour

D: Peer Counselor Job Description

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**6A – Sample Job Description
WIC BREASTFEEDING PEER COUNSELOR**

Title: WIC PEER COUNSELOR

General Description:

A WIC Breastfeeding Peer Counselor is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers.

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding)
- Previous or current WIC participant
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience
- Can work about 10 hours a week
- Has a telephone, and is willing to make phone calls from home
- Has reliable transportation

Training

- Attends a series of breastfeeding classes
- Observes other peer counselors or lactation consultants helping mothers breastfeed
- Reads assigned books or materials about breastfeeding

Supervision:

The peer counselor is supervised by the _____.

Specific Duties:

The WIC Peer Counselor:

1. Attends breastfeeding training classes to become a peer counselor.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Gives basic breastfeeding information and support to new mothers, including telling them about the benefits of breastfeeding, overcoming common barriers, and getting a good start with breastfeeding. She also helps mothers prevent and handle common breastfeeding concerns.

WIC Peer Counselor Program Guidelines

6. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
7. Respects each client by keeping her information strictly confidential.
8. Keeps accurate records of all contacts made with WIC clients.
9. Refers mothers, according to clinic-established protocols, to the:
 - WIC nutritionist or breastfeeding coordinator
 - Lactation consultant
 - The mother's physician or nurse
 - Public health programs in the community
 - Social service agencies
10. Attends and assists with prenatal classes and breastfeeding support groups.
11. Attends monthly staff meetings and breastfeeding conferences/workshops as appropriate.
12. Reads assigned books and materials on breastfeeding that are provided by the supervisor.
13. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

WIC Breastfeeding Peer Counselor

Date

E: Sample PC Supervisor Job Description

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P R O G R A M S

**8A – SAMPLE JOB DESCRIPTION
WIC BREASTFEEDING PEER COUNSELOR SUPERVISOR/COORDINATOR**

Title: WIC PEER COUNSELOR SUPERVISOR/COORDINATOR

General Description:

The supervisor of WIC breastfeeding peer counselors manages the breastfeeding peer counseling program on a State or Local agency level.

Qualifications:

- Has demonstrated experience in program management.
- Has demonstrated expertise in breastfeeding management and promotion.
- Has credentials of an International Board Certified Lactation Consult (IBCLC) or has other certification in lactation management (e.g., CLE, CLC) or State-approved training in lactation management.
- Has a minimum of one year experience counseling breastfeeding women.

Training

- Receives State-approved training in breastfeeding management.
- Participates in continuing education about breastfeeding annually.
- Receives “Using Loving Support to Manage Peer Counseling Programs” training.

Supervision:

The peer counselor supervisor is supervised by the _____.

Duties:

The WIC Peer Counselor Supervisor manages the WIC peer counseling program on a State or local agency level, including:

1. Assists in establishing program goals and objectives.
2. Assists in establishing peer counseling program protocols and policies.
3. Determines peer counselor staffing needs.
4. Recruits and interviews potential peer counselors in alignment with program policies and standards.
5. Arranges for training of peer counselors.
6. Mentors new peer counselors during the first six months, providing routine follow-up and guidance in the early days of the job.
7. Provides ongoing supervision.
8. Holds monthly meetings with peer counselors.
9. Collects documentation records and data as appropriate.
10. Monitors the program, including conducting spot checks.
11. Routinely reports on the program to supervisor and/or State Breastfeeding Coordinator.
12. Works with other peer counselor supervisors (if available) to assess for ongoing improvements to the program that may be needed

F: Application for Peer Counselor Position

Your Health District information

Address
 City, GA ZIP
 Phone
 FAX



Application: WIC Breastfeeding Peer Counselor

Breastfeeding Peer Counselors provide basic information about breastfeeding to WIC mothers during their pregnancy, and after the baby is born. They encourage mothers to breastfeed, and help mothers find help if problems occur. Qualifications:

- Have breastfed **at least one baby for 6 months or more** (do not have to be currently breastfeeding)
- Previous or current WIC participant
- Are enthusiastic about breastfeeding, and want to help other mothers enjoy a positive experience
- Can work about 20 hours a week
- Have a telephone, and are willing to make phone calls from home
- Have reliable child care and transportation

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

E-mail address (if applicable): _____

What languages do you speak? _____

Social security number or WIC ID Number: _____

Circle highest grade you have completed:

Grade School 1 2 3 4 5 6 7 8

High School 9 10 11 12

College 1 2 3 4

Other _____

Tell us about your children.

Name	Age	How long did you breastfeed this child?

Why do you want to be a Peer Counselor for the WIC Program?

Tell us why you think you will be a good peer counselor. Include any job experience or volunteer work you have done that will help you as a peer counselor.

Check off all of the following that you are able to do:

- Attend the training program (three classes of about 6 hours each; may bring your nursing baby with you. These are spaced several weeks apart.)
- Talk to pregnant and breastfeeding moms from your telephone at home.
- Talk to WIC mothers in the clinic.
- Make home visits with new mothers.
- Visit new mothers in the hospital.
- Help with a breastfeeding class or a support group.

Do you have reliable transportation? Yes No

Do you have childcare available for young children? Yes No

Reference: Include the name of a healthcare provider such as a WIC nutritionist, nurse, physician, or breastfeeding counselor who knows about your breastfeeding experience.

Name: _____

Address: _____

Phone Number: () _____

Your Signature: _____ **Date:** _____

APPLICATION FOR PEER COUNSELOR POSITION

G: Sample Interview Guide

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5C – Sample Interview Guide**WIC BREASTFEEDING PEER COUNSELOR**

Allow applicants a few minutes to read over the WIC Breastfeeding Peer Counselor Job Description, and give a brief overview of the job responsibilities she can expect.

1. Tell me more about your comments on your application regarding _____.
(Refer to application comments you want to know more about.)
2. Describe any experiences you have had talking to other mothers about breastfeeding.
3. What would you say to a pregnant woman who was undecided about whether or not she wants to breastfeed?

Personal Breastfeeding Experience(s)

4. Tell me about your own breastfeeding experience(s). What did you enjoy most?
5. What part of breastfeeding was most challenging for you? How did you deal with those challenges?

Employment as a Peer Counselor

6. What are you looking forward to most about being a peer counselor?

7. As a breastfeeding peer counselor, you will be talking with WIC mothers about breastfeeding. How will you feel about:

Probe: Talking with someone you do not know?

Talking with women who might have different cultural, ethnic or educational backgrounds from yours?

Keeping information confidential?

8. How does/did your family feel about your breastfeeding?
Probe: What things did your partner say about it?

What did other family members say?

9. What days/times can you come to classes to learn how to be a peer counselor?

10. Please clarify any challenges reported on your application that might make it hard for you to attend training classes or do the job.

11. Are there other challenges that might make it difficult for you to be a peer counselor?
Probe: Have you thought about how you might be able to work at home?

Are you a current or previous WIC participant?

12. What questions do you have about the job?

H: Sample Recruitment flyer



_____ Health Center

Address _____

_____, Georgia ZIP

Date: _____

The WIC Breastfeeding Promotion Program is pleased to announce that we are recruiting WIC mothers to be trained as Breastfeeding Peer Counselors.

DID YOU:

- ✚ Breastfeed one or more of your children for at least 6 months?

ARE YOU:

- ✚ Enthusiastic about breastfeeding?
- ✚ Willing to talk with other WIC mothers about your experiences?

CAN YOU:

- ✚ Work about 20 hours a week?
- ✚ Make and receive phone calls from home?
- ✚ Arrange reliable child care during work hours in the Health Center?
(Some work may be done from your home.)
- ✚ Have reliable transportation?

Potential Peer Counselors are invited to attend an initial all-day training session.

- ✚ DATE:
- ✚ PLACE:
- ✚ TIME:
- ✚ COST: FREE! Lunch will be provided.

WIC moms who attend training sessions are eligible to apply for Peer Counselor positions as they become available. Training is fun and you will meet other moms with similar interests. New Peer Counselors are paid \$11.00 an hour; experienced Peer Counselors may earn \$12.00 an hour or more.

You will need to arrange child care for the day; exceptions can be made for quiet nursing babies under 6 months of age. Trainers will provide time and space for pumping.

If you are interested, or just have some questions, please contact the District Breastfeeding Program Coordinator:

(Coordinator's name, contact information, etc.)
USDA is an equal opportunity provider and employer.

I: Confidentiality Statement

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PEER COUNSELING
 P R O G R A M S

8C – SAMPLE CONFIDENTIALITY STATEMENT

Handling of WIC Participant Information

Trust and confidence are needed for a successful program. This trust must be on all levels between supervisors and peer counselors, between peer counselors and colleagues, and between peer counselors and clients.

Clients share personal information in order to be served as WIC participants. This includes medical, financial, and personal information. At the same time, clients have the right to know that the information they give will be kept confidential and used only as needed by clinic staff. It is our responsibility to respect their privacy and not discuss client information.

Discussing confidential information to anyone outside the WIC clinic is prohibited except when it may be needed to provide services to a client. This includes ensuring that client records and materials in your possession are not able to be viewed by anyone other than authorized WIC program employees either by access to files, or by observation due to careless record management.

AGREEMENT

I have carefully read the above Confidentiality Agreement and understand the confidential nature of all client information and records. I understand that it is my job to share client information only with staff involved in the case, and understand that I am prohibited by law from disclosing any such confidential information to any individuals other than authorized WIC Program employees and agencies with which the participant has given written permission to share information. I understand that any willful and knowing disclosure of confidential information to unauthorized persons is in violation of the law and subject to possible legal penalty.

Name (please print)

Signature

Date

Witness

Date

J: Senior WIC Breastfeeding Peer Counselor Job Description

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 P R O G R A M S

9A – SAMPLE JOB DESCRIPTION

WIC Senior Breastfeeding Peer Counselor

Title: WIC SENIOR BREASTFEEDING PEER COUNSELOR**General Description:**

A WIC Senior Breastfeeding Peer Counselor is a paraprofessional support person who provides both basic and more advanced breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers, and assists new peer counselors in their job.

Qualifications:

- Has breastfed at least one baby (does not have to be currently breastfeeding)
- Previous or current WIC participant
- Is enthusiastic about breastfeeding, and wants to help other mothers enjoy a positive experience
- Has demonstrated expertise in breastfeeding counseling and management through previous experience as a breastfeeding peer counselor, or through additional lactation training and experience
- Can work about 10-20 hours a week
- Has a telephone, and is willing to make phone calls from home
- Has reliable transportation

Training

- Participates in all training programs of peer counselors, including attending formal training sessions, observing other peer counselors or lactation consultants helping mothers, and reading assigned books or materials about breastfeeding
- Attends additional training conferences or workshops on breastfeeding as appropriate
- Reads additional books and materials about breastfeeding as appropriate

Supervision:

The senior peer counselor is supervised by the _____.

Duties:

The WIC Senior Breastfeeding Peer Counselor:

1. Attends breastfeeding training classes in lactation management.
2. Counsels WIC pregnant and breastfeeding mothers by telephone, home visits, and/or hospital visits at scheduled intervals determined by the local WIC program.
3. May counsel women in the WIC clinic.
4. Receives a caseload of WIC clients and makes routine periodic contacts with all clients assigned.
5. Provides information and support for women in managing common maternal and infant breastfeeding problems that may occur.

WIC Peer Counselor Program Guidelines

6. Receives referrals from peer counselors and WIC clinic staff regarding more advanced level follow-up needed with new mothers.
7. Is available outside usual 8 to 5 working hours to new mothers who are having breastfeeding problems.
8. Respects each client by keeping her information strictly confidential.
9. Keeps accurate records of all contacts made with WIC clients.
10. Refers mothers, according to clinic-established protocols, to the:
 - WIC nutritionist or breastfeeding coordinator
 - Lactation consultant
 - The mother's physician or nurse
 - Public health programs in the community
 - Social service agencies
11. Teaches prenatal classes and leads breastfeeding support groups.
12. Mentors new peer counselors through ongoing guidance, accepting referrals of mothers who need follow-up care, and reporting program information to supervisors.
13. Attends monthly staff meetings and breastfeeding conferences/workshops, as appropriate.
14. Reads assigned books and materials on breastfeeding provided by the supervisor.
15. May assist WIC staff in promoting breastfeeding peer counseling through special projects and duties as assigned.

I understand the above job responsibilities, and agree to perform these duties as assigned.

WIC Senior Breastfeeding Peer Counselor

Date

K: Sample Peer Counselor Breastfeeding Assessment Form

Local/County Health Center WIC
BREASTFEEDING PEER COUNSELOR PROGRAM
Address
City/Town, GA (ZIP)
Phone and FAX

Peer Counselor Breastfeeding Assessment Form

Today's date: _____ Referred by: _____
Mother: _____ DOB: ___/___/___ Age: _____
Mother's Physician: _____ Phone: _____
Infant: _____ DOB: ___/___/___ Age: _____
Infant's Physician: _____ Phone: _____
Birth weight: # _____ oz OR _____ Gms. Today's Weight: # _____ oz

Reason for assessment:

Infant's Data: (Check all that apply)

- Premature Low birth wt. Spitting up Difficult to arouse
 Jaundiced Supplementing Weight loss or slow gain
 Refuses breast Inad. stooling Other _____

INFANT'S Intake and output history in the past 24 hours:

feedings _____ # Minutes of audible swallowing at breast _____
Formula given? ___ Yes ___ No Type _____ 24-HR TOTAL: _____ oz.
stools _____ → Color _____ → Consistency _____
wet diapers _____ → Paper _____ → Cloth _____

Mother's Data: (Check all that apply)

- Epidural Cesarean Engorgement Nipple Pain
 Pumping Fever Illness Breast Pain
 Flat Nipple(s) Inverted nipple(s) Needs WIC cert. Needs contraception info.
 Outside employment Ret. to school Depression/Anxiety Other:

Peer Counselor's Assessment: (check all that apply)

- Poor Latch Breast refusal Nipple pain Nipple trauma
 Infant sleepy Infant fussy Engorgement Flat nipple(s)
 Inverted nipple(s) Needs referral Other: _____

Information and/or demonstration was given regarding: (check all that apply)

- Correct positioning
- Signs of adeq. Intake
- Colostrum
- Sore nipple care
- Other:
- Correct latch
- Engorgement
- Waking technics
- Safe Pump use
- Feeding frequency / night feedings
- Hunger cues
- Normal newborn behavior
- Need for skin to skin contact

- Effective breastfeeding *with audible swallowing* was confirmed by Peer Counselor following corrected latch and/or positioning.
- Effective breastfeeding was NOT observed by Peer Counselor during assessment.

Referred to:

- Lactation consultant
- Hospital
- Other:
- Physician
- Women's Health
- WIC Nutritionist
- No referral at this time

Plan / additional comments:

Follow up scheduled by Peer Counselor:

Date _____

- Telephone
- Home visit
- Hospital visit
- Clinic visit

Peer Counselor's signature: _____ Date: _____
(Name typed here)

Supervisor's signature: _____ Date: _____
(Name typed here)

Mother's signature: _____ Date: _____

L: District Peer Counselor Program Monthly Training Report

District Peer Counselor Program Monthly Training Report
(For Training provided by the state contractor only)

The District Peer Counselor Supervisor must submit this report to the State Peer Counselor Program Coordinator monthly.

District: _____ Month/year: ____/____

Received contact from trainer regarding your training needs? ___ Yes ___ No

of *New Peer Counselor* training sessions that occurred this month: _____

Training started on time: ___ Yes ___ No
Training ended on time: ___ Yes ___ No
Training was well organized: ___ Yes ___ No
Training met learning expectations ___ Yes ___ No

of *Continuing education* training sessions that occurred this month: _____

Training started on time: ___ Yes ___ No
Training ended on time: ___ Yes ___ No
Training was well organized: ___ Yes ___ No
Training met learning expectations ___ Yes ___ No

of *New Supervisor* training sessions that occurred this month: _____

Training started on time: ___ Yes ___ No
Training ended on time: ___ Yes ___ No
Training was well organized: ___ Yes ___ No
Training met learning expectations ___ Yes ___ No

Comments/ suggestions:

M: Peer Counselor Continuing Education Log

Loving Support through Peer Counseling
Peer Counselor Continuing Education Log*

PC Name: _____ **PC#:** _____

District: _____ **Supervisor:** _____

***Submit this form annually to the State WIC Breastfeeding Coordinator by August 15th.**

Date:	Workshop Attended:	Location:	Credit Hours/CEU:

N: Peer Counselor Caseload Report

Peer Counselor Caseload Report*

Clinic/Local Agency: _____

Supervisor's Name: _____

Month/Year: _____

***Submit this form to the State WIC Breastfeeding Coordinator by the 10th of each month.**

PC Name / #	# of Active Prenatal	# of Active Postpartum	#Lost due to Follow-up	#Terminated

Community Outreach for the Month: _____

Comments/ Problems/ Concerns: _____

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I. INTRODUCTION

The following information is provided to the districts for incorporation into the District Emergency Plan. In contrast to commodity distribution of food stamps, the Georgia WIC Program is a limited grant supplemental food program that serves a specific population with special nutritional needs. The Georgia WIC Program is not designed or funded to meet the basic nutritional needs of emergency victims who would not otherwise be eligible for the program. Unlike the distribution of commodities or the emergency issuance of food stamps, there is no legislatively mandated role for the Georgia WIC Program in emergency relief, nor is there legislative authority for using the Georgia WIC Program food funds for purposes other than providing allowable food benefits to categorically eligible participants.

No additional WIC funds are designated by law for WIC emergency relief, and WIC must operate in an emergency situation within its current program context and funding. For these reasons, WIC is not to be considered a first responder or first line provider of infant formula or the nutritional needs of emergency victims.

The Georgia WIC Program may briefly suspend WIC operations during some instances and rely entirely on other emergency relief feeding operations (e.g. American Red Cross, Salvation Army, churches, etc.) until it is feasible to operate a direct distribution system or until retail distribution returns to normal conditions.

The Georgia WIC Program staff should participate in Emergency Planning activities and exercises, including floods, tornadoes, hurricanes, etc., prior to a declared emergency if it benefits WIC and it is included in the State/District Emergency Plan(s). However, WIC staff cannot perform non-WIC duties prior to an emergency being declared or after the emergency declaration is no longer in effect.

A. Purpose

The Purpose of this Emergency Plan is to:

1. Restore WIC services to current participants as soon as possible.
2. Expand services to the eligible population in emergency affected areas.
3. Respond in a manner consistent with the Georgia Department of Public Health.

B. Scope

These guidelines incorporate the Georgia Department of Public Health Emergency Operations Plan. This plan should be followed in the event of an emergency, or emergencies, that disrupt(s) service delivery at local agency (ies). The actions of local agency WIC staff should be guided by the procedures developed within their respective county public health departments. Private agencies that contract to provide WIC services should follow the emergency plans consistent with those policies that have been developed by their parent agencies. The Georgia WIC Program guidelines will reflect the purpose,

authority, and responsibilities developed by the Georgia Department of Public Health.

The Georgia WIC Program and local agency(ies) must also make an initial and on-going assessment as to the feasibility of distributing ready-to-feed infant formula. The decision to use ready-to-feed infant formula will be made on a day-by-day assessment of the circumstances and type of emergency.

II. POLICIES

Concept of Operations: Operations will be conducted in three phases that may overlap as outlined in the [Georgia Department of Public Health Operations Plan](#). Phase One is Detection and Investigation. Phase Two is Assessment of Magnitude. Phase Three is Response to the Emergency. In all three phases, the order of preference for voice communications is landline or cellular communications. Voice communications may be supplemented by complementary and redundant e-mail, internet, or fax. When none of these are available, satellite communications or amateur radio systems may provide redundancy. Each agency is to provide an accurate and complete accounting of costs associated with the incident.

Phase One begins when a suspected or possible emergency having withstood clinical review is reported to the Commissioner of the Department of Public Health or detected by the public health system in Georgia. The Department of Public Health will contact and/or assist the Health District(s) in determining the nature of the emergency. Phase One is complete when the appropriate state or federal agency either confirms or refutes the emergency. For a natural emergency, Phase One will be complete when a determination is made of the health consequences associated with the emergency. The Commissioner of the Department of Public Health will provide direction for the use of any public health assets involved in any investigation. District Health Directors are responsible for ensuring that the efforts of district and provider resources are managed effectively in the detection and investigation of the possible health emergency.

Phase Two begins with confirmation of the incident. It may begin before identification of the source or agent of the outbreak or incident. County, District, and State Public Health, with support from health provider organizations and others, will determine the potential scope of the emergency. The assessment will include determining the availability of facilities, staff, and equipment. County Health Departments will determine local response status, needs, and priorities. District and State Public Health Officials will do likewise for their respective levels. This phase will require close coordination between County, District, and State Public Health, health care providers, mental health care providers, and others.

Phase Three begins with allocation of additional resources (e.g., personnel, supplemental foods, and other resources). Phase Three will be completed when the emergency is contained and the community begins to return to normal functions as determined by local, District and State officials.

The District Nutrition Services Director, or designee, serves as the local lead and is responsible for coordinating local WIC responses to an emergency.

Specific decisions concerning the Georgia WIC Program actions during an emergency depends upon the duration and magnitude of the emergency, and upon specific

directions from the Georgia WIC Program Director. The focus of the Georgia WIC Program activity is to support local agency service delivery. These guidelines primarily reflect the Georgia WIC Program responsibilities in the event of disruption of services in one local agency. In the event of an emergency at the State agency, the Georgia WIC Program personnel will follow the rules developed by the State Health Director. In the event of an emergency, or emergency involving both local and State agencies, the initial focus of the Georgia WIC Program will be to estimate the impact and determine the measures needed to support the restoration of services by the local agency. The State and local agencies will develop provisional operational policies following an emergency that respond to the specific needs created by the emergency.

III. ASSESSING IMPACT OF THE EMERGENCY

The extent of damage caused by the emergency, or emergencies, must be assessed by the local agency. To determine if delivery of services is feasible, the following questions should be answered:

1. What type of assistance does the local agency need?
2. Are the issuance sites operational?
3. How many participants are affected?
4. Can participants reach food instrument issuance sites?
5. How many grocery stores are closed due to the emergency?
6. Is retail purchase still feasible?
7. Are electric, water, communication, and/or transportation services disrupted?
8. How long will services be disrupted?
9. How best can the Georgia WIC Program assist with aiding the health district?
10. Has the area been declared a Federal emergency?

IV. CONCEPT OF OPERATION

General

The Georgia WIC Program Director, and/or designee, shall keep an Emergency Plan binder. The Emergency Plan binder provides all of the pertinent contact information for the Georgia WIC Program Director and the Georgia WIC Deputy Directors, to address the emergency, including information for the collaboration with other agencies and organizations.

B. Organization

Georgia WIC Program Director Responsibilities:

1. Contact the Division of Public Health Emergency Coordinator.

2. Contact the Regional Food and Nutrition Services Office.
3. If needed, contact the formula manufacturers to secure ready to feed (RTF) formula with nipples and bottles
 - a. Follow through on receipt and delivery of formula.
 - b. Visit area to make on-site assessment of support staff, etc.

State Level Responsibilities

Various Georgia WIC Program staff members have responsibilities in the Georgia WIC Program Emergency Plan. The overall responsibilities for implementation and reporting on WIC's response to the emergency lies with the Georgia WIC Program Director in conjunction with the Deputy Director of Integrity and Strategy. They will use a telephone tree to notify staff of the emergency and provide instructions for responding to the emergency. The telephone tree is as follows:

1. Georgia WIC Program Director and Deputy Director of Integrity and Strategy contact the WIC Deputy Directors, WIC Associate General Counsel (s) and the Executive Secretary.
2. Each Deputy Director calls his/her staff.

WIC Deputy Directors will be responsible for coordinating staff and analyzing the emergency as follows:

- The Deputy Director of Program Administration will be responsible for coordinating mass shipment and storage of supplies including formula, and coordinating the issuance of food vouchers to participants, including remote printing, equipment issues and emergency procurement of vouchers. These duties will be coordinated with the Deputy Director of Program Operations and Nutrition Services, as well as the District Nutrition Services Directors,
- The Deputy Director of Program Administration will be responsible for tracking and reconciling emergency related costs.
- The Deputy Director of Program Administration will be responsible for documenting the use of the vouchers, ensuring that inventories are used appropriately, and ensuring that manual vouchers are available.
- The Deputy Director of Vendor Management will be responsible for informing local agencies impacted by the emergency of authorized WIC vendors open for business.
- The Deputy Director of Program Operations & Nutrition Services will be responsible for assisting with certification and food package issuance, nutrition education, and food safety preparation information.
- The Nutrition Operations Manager (in conjunction with the Breastfeeding Coordinator) will be responsible for assisting with breastfeeding education support information. Staff will be assigned to serve locations according to availability and need.

State and Local Agency Responsibilities

The State and local agencies will coordinate efforts to determine the appropriate assignments of staff to assist the local agency in need. Staff may be assigned from within the county, from another county, from another district or from the State WIC Office to meet a specific county's needs during an emergency.

The State and local agencies may be asked to assign staff to a designated emergency assistance location(s) (not always a health department facility) in order to provide WIC services more expeditiously.

When an emergency causes State or local agency offices to be closed, staff should contact one of their supervisors as soon as possible to report their situation and availability for duty. If none of the local agency's immediate supervisors can be reached, local agency staff can call the Georgia WIC Program at 1-800-228-9173 to report their status and phone number where they can be reached. Attachment EP-1 is a form designed to collect data for this purpose.

Staff Documentation Requirements:

1. Any office that has staff working on emergency activities must maintain a Staff Availability Form (see Attachment EP-1), Employee Personnel Time Tracking Form (see Attachment EP-2), and a current Communication Log (see Attachment EP-3). One log per office, per pay period, should be utilized and kept on file for five years plus the current Federal fiscal year.
 - a. The Staff Availability Form (see Attachment EP-1) must show which employees are available for emergency operations and when they were notified
 - b. Each employee should maintain and retain an Emergency Personnel Time Tracking Form (see Attachment EP-2) to document hours worked during an emergency. If the Federal Emergency Management Agency (FEMA) or other funding sources become available, the Emergency Daily Work Activity Logs will be used to document hours worked (see Attachment EP-4). These forms must be kept on file for five years plus the current Federal fiscal year
 - c. The Communication Log (see Attachment EP-3) should show the communication made with respect to, and during, the documented emergency. This log is to be retained at the District Office for five years plus the current Federal fiscal year

Contractors

Each entity that has a contract with the Georgia WIC Program must have a Plan of Operation for Emergencies and submit the plan by April 30th of each year. The plan must contain at least the following:

1. Assurance that notification will be provided to the Georgia WIC Program by contacting the following staff immediately to advise that the emergency occurred:
 - Georgia WIC Program Director, Debra L. Keyes at 404-657-3140; or BB 404-274-7622; and
 - Emergency Plan Coordinators, Shameyrae Miller at 404-657-2917 and Elizabeth Pape at 404-657-2914

The notice must include the reason for the emergency, and confirmation that the plan will be implemented.

2. A contact list with at least two persons listed with name, work phone number, cell or home phone number and work e-mail address included.
3. Assurance that notification will be provided to the Georgia WIC Program of any services that will be delayed due to the emergency situation and the anticipated date service will be returned.
4. Assurance that notification will be provided to the Georgia WIC Program Director and/or Coordinator that the emergency has ended, and that the Emergency plan is no longer in effect.

The status of emergency plans with contractors is listed below:

1. Fulton-DeKalb Hospital Authority (Grady): plan submitted and on file
2. Computer Science Corporation (CSC): plan submitted and on file

C. Notification

The lines of communication during an emergency begin with:

1. The local WIC offices contacting their main local agency office
2. The local agencies contacting their District Nutrition Services Director
3. The District Nutrition Services Director contacting their District Emergency Coordinator
4. The District Nutrition Services Director will contact the Georgia WIC Program Director (Georgia WIC Program Emergency Plan will be implemented)
5. The Georgia WIC Program Director, or designee, will contact the State Health Office Emergency Coordinator
6. Deputy Director of Vendor Management, or designee, will contact the appropriate vendors using an email distribution list for same day notification

V. RESPONSIBILITIES

A. Facilities

During an emergency, it is imperative that the safety of staff and participants be considered. Therefore, it may be necessary to move to another location. In the event of a move, an immediate survey should be taken of all State buildings and offices in the affected area(s) to identify damage or the nature of the incident.

Necessary emergency action should be taken to protect the Georgia WIC Program property where State buildings or offices have been damaged. This may include, but is not limited to, moving contents and equipment files, acquiring security services, securing buildings, or any other necessary activities.

The records and invoices of any damage to facilities, equipment, supplies, repair or replacement should identify the site location address and identification numbers of the item(s) to assist in filing insurance claims. This information must be reported to the Georgia WIC Deputy Director of Program Administration, within seventy-two (72) hours after the emergency area returns to normal, using the **Surplus/Destruction Form** (see Attachment EP-6).

The Georgia WIC Program staff must respond to an emergency situation, in cooperation with the State Office of Emergency Preparedness, to assist the local agency to identify buildings, equipment, medical services, general supplies, and any other resources required to continue service delivery. Portable weighing and measuring equipment may be critical in an emergency situation. This will include assisting in finding potential locations for direct distribution of infant formula and food that are most accessible to participants. Whenever possible, the Georgia WIC Program will coordinate communications and services with other state program offices, such as Maternal and Child Health, TANF, SNAP, and Emergency Assistance Centers.

B. Issuance

During periods of an emergency, every effort will be made to continue issuance of food vouchers to participants. When adverse circumstances persist, such as the lack of available facilities, records, or food instrument supplies, the Georgia WIC Program's Deputy Director of **Program** Administration will coordinate efforts with the local agency to ensure that a minimum supply of food or food vouchers are available for participants if such action is necessary. At all times, staff must maintain and update the number of infants on special formula. Securing formula for WIC infants affected by the emergency is the top priority of the Georgia WIC Program emergency relief plan. Ready-to-feed formula may be necessary if the area's water supply is contaminated and/or electrical power is disrupted. State government and local agencies will collaborate daily, or as needed, to determine the most appropriate food distribution method. In the event that ready-to-feed infant formula is required, efforts will be made to order appropriate amounts and to include disposable nipples and bottles. When the emergency area returns to normal, or if another agency accepts responsibility for formula (e.g., American Red Cross), distribution of ready-to-feed formula will be discontinued. Adult and child participants will be directed to emergency food centers in the event that direct distribution is necessary.

1. Retail Vendors (Grocery Stores): The Georgia WIC Program Manager of Vendor Relations & Administration, in conjunction with the local agency, will share information and establish and maintain a list of retail grocery stores that remain in operation during the emergency. They will coordinate notification to participants of operating stores in their vicinity, hours of operation and a detailed listing of available WIC approved foods.

2. Direct Distribution: If retail purchase is not viable, then direct distribution measures will be considered. The local agency, state staff, and emergency coordinator will determine that retail purchase is not viable when a significant number of clients are unable to purchase WIC approved foods. This could be due to the closure of many retail stores, the inability of many clients to get to a retail store, or disruption of the supply of food to stores.

State and local agencies will coordinate efforts to contact the Red Cross and other relief agencies to arrange for methods of food distribution to current participants and to newly eligible participants. The Georgia WIC Program Deputy Director of Program Administration will arrange for the supply and distribution of food items and/or food vouchers to the local agency in need. For those local agencies in close proximity to the Georgia WIC Program, the State Agency may become directly involved with the distribution. If the District office is closer in proximity, efforts will be made by the Georgia WIC Program to coordinate distribution to the local agency through the District office. When District offices are affected by the emergency, the Georgia WIC Program may elect to take other appropriate measures to supply the local agency with infant formula, other food, e.g., alternate food packages or food vouchers. Ready-to-feed formula will be used if the water supply is contaminated or limited.

All contracts for formula procurement by the Georgia WIC Program will contain a clause addressing alternative measures for acquisition and distribution of infant formula in the case of an emergency.

3. Food Vouchers: At all times, local agencies should maintain a minimum back up supply of preprinted and blank manual food vouchers. These manual food vouchers should be secured in such a way that they will be safe and accessible during emergencies. Based on the local agency needs, the Georgia WIC Program will help to sustain the local agency's inventory of food vouchers. Local agency staff must complete an inventory of vouchers, at the end of each day, to account for usage.
4. Food Package: The WIC Competent Professional Authority (CPA) determines the type of food package to be issued consistent with the Food Package Section of the Georgia WIC Program Procedures Manual (see alternative food package section.) Local agencies have the option of converting participants to a special food package (e.g., homeless package) under any of the following circumstances:
 - a. Lack of refrigeration
 - b. Lack of food preparation facilities (e.g., living in a shelter, motel, etc.).

C. Certification and Voucher Issuance

- 1) Depending upon the duration and severity of the emergency, appropriate measures will be taken by the Georgia WIC Program to minimize the disruption of certification services at the local agency.
- 2) When facilities' medical services, equipment, general supplies and staff are available, the Georgia WIC Program will assist local agencies in

maintaining services. When specific facilities, medical services, or staff is needed, the Georgia WIC Program will enact measures to meet those needs through other local agencies or the Georgia WIC Program resources.

- 3) Special provisions for expedited certifications may be authorized with approval from the Georgia WIC Program.
- 4) The Georgia WIC Program gives local agencies the right to certify applicants when no proof of residency or identity exists (such as when an applicant or an applicant's parent is a victim of theft, loss, emergency, or emergencies, a homeless individual, or a migrant farm worker). In these cases, the State or local agency must require the applicant to confirm in writing his/her residency or identity, using the No Proof Form (Attachment CT-28).
- 5) Districts/Clinics should consider requesting an extension of the processing standards for up to 15 days, for pregnant women, breastfeeding women, and infants.
- 6) Districts/Clinics should contact the Deputy Director of Program Operations & Nutrition Services for approval to implement the thirty (30) day extension period for clients due for a recertification that have appointment scheduling difficulties. One month's worth of vouchers must be issued and a new recertification appointment must be provided to the participant.
- 7) Districts/Clinics should contact the Deputy Director of Program Operations & Nutrition Services for approval to consider mailing one (1) month of vouchers to participants. (Refer to the Food Delivery Section of the Procedures Manual, VII. Mailing/Delivery of WIC Vouchers procedures).

D. Nutrition Education Contacts

Nutrition education may be provided in group or individual settings during certification and voucher issuance while in emergency situations.

Nutrition education during an emergency may need to address some, or all, of the following topics:

1. Food safety
2. Food preparation
3. Safe water supply
4. General sanitation

VI. RESOURCE REQUIREMENTS

The requirements for providing services to the Georgia WIC Program participants during an emergency include: staff certification equipment, laptop or desktop computers,

MIFI wireless card, voucher issuance printers, supplies infant formula, manual vouchers, blank TADs, a data set and /or Masterfile list of participants (available electronically or hard copy), and transportation. The specific District requirements are as follows:

A. Staff Requirements

1. Analyze the needs caused by the emergency and continue to monitor and analyze further needs.
2. Coordinate the Georgia WIC Program staff and volunteers from around the state.
3. Schedule shifts for volunteers and help to obtain lodging as close as possible to the emergency site.
4. Schedule and coordinate staff from the affected local agency and other WIC staff.
5. Coordinate with local agency financial staff to monitor and track all emergency related costs.

B. Certification Equipment, Computers, Voucher Issuance Printers, and Supplies

1. Plan to procure, borrow or reassign certification equipment, computers, voucher issuance printers and corresponding supplies for an alternate location, if needed. For movement of any equipment the **Surplus/Destruction Form #AM01001C** (Attachment EP-6) must be completed and **emailed** to the **Inventory Coordinator**.
2. At any alternate location, plan to provide an electronic or hard copy of all procedures, forms, and documents that may be needed in order to provide services either electronically or manually.

C. Infant Formula

1. The Deputy Director of **Program** Administration will obtain storage facilities near the affected emergency area for storing an extra supply of infant formula. Obtain manpower to move formula from trucks to storage to shelter.
2. Plan to procure, ship, store and distribute infant formula and food to emergency areas.
3. Contact distribution personnel (e.g. helicopters, airplanes, over land all-terrain vehicles).

D. Food Vouchers and Turnaround Documents (TADs)

1. Obtain a supply of blank voucher paper stock for the Georgia WIC Program remote printing.
2. Obtain a supply of blank and manual food vouchers for issuance.

3. Contact the Deputy Director of Program Administration to have our vendor print and ship pre-printed food vouchers to the emergency area.
4. Obtain a supply of both blank TADs and preprinted food vouchers specific to the county or clinic.
5. Enter all manual vouchers and TAD information in the computer as soon as there is access to the system, or when the emergency is over. Notify the Georgia WIC Deputy Director of Program Administration when this has been completed.

E. Operational Retail Vendors

1. To ensure that the most current retail vendor information is available for WIC participants, the Georgia WIC Vendor Relations Manager and the local agency, for the duration of the emergency, will share the list of open and closed retail vendors.

F. Clinic Data Set and/or Masterfile List

1. On a monthly basis, the District should print, and retain, a copy of all WIC participants for their District/County/clinics. The list should include the certification status, last date of voucher issuance, and voucher numbers for each participant to be used to continue certifications and voucher issuance.
2. If, due to the emergency, retrieval of an electronic data listing is not possible, then ensure that the District and each affected clinic has a list of all WIC participants that includes certification status. If necessary, the Nutrition Services Director can contact the ADP contractor for the Masterfile list. After the ADP contractor is contacted, an email should be sent to the Program Technology Manager advising that you have requested the Masterfile list from the ADP contractor.
3. If possible, request your front end computer system contractor to generate these electronic data sets, lists, or hard copies for your District/ Counties/clinics.

G. Transportation

The Deputy Director of Program Administration, in conjunction with the Deputy Director of Operations and Nutrition Services, are responsible to:

1. Arrange transportation for volunteer staff.
2. Arrange transportation for local distribution of infant formula.

VII. MANUAL CERTIFICATION WITH MANUAL VOUCHER ISSUANCE

- A. Complete Demographic information, Proof fields and Income Information (see Income Guidelines) on the appropriate Certification Form (Pregnant, Postpartum, Breastfeeding, Infants and Children).**
1. If an applicant does qualify for the WIC program, complete the above information and a Turnaround Document (TAD). Use a blank TAD for both new participants and for participants being added to a family using an existing family number. Use the Edits Manual Data Dictionary to reference required fields for each transaction type.
 2. If an applicant does not qualify for WIC, have the applicant sign the Certification Form, complete the Notice of Termination/Ineligibility/Waiting List form. Copy and date the proofs and place them in the file.
- B. CPA manually completes the nutrition assessment, food package assignment and nutrition education, and records this information on the Certification Form, Nutrition Questionnaire, Nutrition Education Flow Sheet, Growth Chart, and any other documentation forms necessary. Each clinic should retain a hard copy of the food package tables from the manual to use as reference when manual vouchers are being issued and/or there is no internet access.**
1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (coordinate CPA Food Package Code (FPC) with system food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 - d. Watch for special situations – Turning 1 year old and breastfeeding status.
 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – Turning 2 years old, postpartum breastfeeding, 6 months postpartum, and breastfeeding infants.
 3. Participants with qualifying conditions on special formulas
 - a. Review that Medical Documentation is complete and that the requested formula is appropriate for the diagnosis shown.
 - b. Look up voucher codes and messages for both halves of food package when applicable.

- C. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code. D. Issue Manual Vouchers (Refer to Food Delivery Section).
- E. Issue WIC ID card and WIC Approved Food List.
- F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores.

VIII. NUTRITION EDUCATION, FOOD PACKAGE CHANGE OR OTHER MANUAL CHANGES WITH MANUAL VOUCHER ISSUANCE

- A. Using the data set, or Masterfile list of participants, verify that a client is in a valid certification period and the last date vouchers were issued.
- B. CPA performs assessment and/or provides nutrition education, if needed, and documents the services provided in the participant's record.
- C. Assign new food package code (FPC), if needed.
 - 1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (coordinate CPA Food Package Code (FPC) with system food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 - d. Watch for special situations – Turning 1 year old and breastfeeding status.
 - 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding status.
 - 3. Participants with qualifying conditions on special formulas
 - a. Review that Medical Documentation is complete and that the requested formula is appropriate for the diagnosis shown.
 - b. Look up voucher codes and messages for both halves of food package when applicable.

- D. Complete the Turnaround Document (TAD). Enter all fields that must be completed for WIC type. Always complete Date Form Completed and Transaction Code.
- E. Issue Manual Vouchers (Refer to Food Delivery Section).
- F. Update WIC ID card and provide WIC Approved Food List, if needed.
- G. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

IX. MANUAL VOUCHER ISSUANCE ONLY

- A. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
- B. Verify that client is in a valid certification period and last date vouchers were issued using the clinic data set or Master file list of participants.
- C. Review food package to ensure the correct package is issued. Each clinic should retain a hard copy of the current food package tables from the manual to use for reference when manual vouchers are being issued and/or there is no internet access.
 - 1. Infant
 - a. Calculate infant's age at first day to use for each food package to be issued (coordinate CPA Food Package Code (FPC) with system food package code (FPC)).
 - b. Confirm correct food package code (FPC) to issue.
 - c. Look up voucher codes and messages for food package.
 - d. Watch for special situations—Turning 1 year and breastfeeding status.
 - 2. Women and Children
 - a. Look up voucher codes and messages for food package.
 - b. Watch for special situations – turning 2 years old, postpartum breastfeeding type, 6 months postpartum, and breastfeeding status.
 - 3. Participants with qualifying conditions on special formulas
 - a. Review that Medical Documentation is complete and that the requested formula is appropriate for the diagnosis shown.
 - b. Look up voucher codes and messages for both halves of food package when applicable.

- D. Issue Manual Vouchers (Refer to Food Delivery Section).
- E. Update WIC ID card and provide WIC Approved Food List, if needed.
- F. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.

X. REPLACING LOST VOUCHERS

- A. Policy allows the reissuance of lost vouchers for those participants who live in a declared emergency area.
- B. Process for replacing lost vouchers:
 - 1. Determine if the participant resides in an area that has been designate as an area affected by a Declared Emergency
 - 2. Determine which vouchers the participant has lost and need replacement. Check GWIS if internet access is available.
 - 3. Call the CSC Help Desk to determine which lost vouchers have been cashed and processed by the bank.
 - a. Listed below is the information that staff will need to provide to CSC:
 - Voucher numbers
 - Participant's WIC ID number
 - Name of participant
 - Clinic, County and District number
 - Name of staff member requesting the information
 - b. CSC Help Desk Phone number is 1-800-796-1850.
 - c. Hours of operation are from 7:30 am to 5:00 pm, Eastern Standard Time (EST).
 - 4. After receiving the verification information from the CSC Help Desk that the lost vouchers have/have not been cashed, document the voucher information for lost vouchers that have NOT BEEN CASHED on the Lost/Stolen/Destroyed Voided Voucher Report (per family/participant). Use as many pages as necessary to document information.
 - 5. Replacement vouchers will only be issued for vouchers that have NOT BEEN CASHED by the participant. Document on all voucher receipts, "Replacement Vouchers-Declared Emergency."

From the original of the Lost/Stolen/Destroyed Voided Voucher Report, make and distribute four copies as follows:

- a. Place original in the participant's file.
 - b. Place one copy in the Lost/Stolen/Destroyed Voided Voucher file.
 - c. Send one copy to your district office for their Lost/Stolen/Destroyed file.
 - d. Send one copy to the State WIC Office of the Inspector General Unit.
 - e. Send one copy to the clinic that originally issued the vouchers if the participant picked up replacement vouchers at a different clinic.
6. Void all copies of previously issued vouchers that have been replaced. Void only the vouchers that have NOT been cashed.

XI. VOUCHER ORDERING, RECEIPT, AND CLOSE-OUT OF ADP CONTRACTOR PRINTED VOUCHERS

A. Ordering ADP Contractor Printed Vouchers

1. In emergency situations when clinics are unable to print vouchers for a period of time, the ADP contractor has the capability of producing vouchers. In cases of emergencies, vouchers can be ordered from the ADP contractor through the Georgia WIC Program.
2. ADP contractor printed vouchers must be ordered through the Georgia WIC Program by contacting the Program Technology Manager and copy the Georgia WIC Deputy Director of Program Administration.
3. ADP contractor printed vouchers will be delivered to the identified sites by overnight delivery.

B. Receipt of ADP Contractor Printed Vouchers

1. ADP contractor printed vouchers will be delivered to each clinic along with a Voucher Cycle Packing List and Voucher Registers.
2. Clinics will compare beginning and ending voucher numbers to the ones on the Clinic Voucher Cycle Packing List.
3. Any discrepancies must be reported immediately, by telephone, to the ADP contractor and to the Program Technology Manager of the Georgia WIC Program.
4. The Packing List must be signed and dated to verify receipt. A copy of the signed/dated Packing List must be mailed to the District office within five days of receipt of the vouchers. The original must be retained by the clinic for five (5) years plus the current Federal fiscal year.

5. The District receives a copy of each detailed Clinic-Packing List for control, and a summary copy showing total vouchers received within the District.
6. All Packing Lists received by the District must be reconciled with the clinic's copy and the District's copy must be signed and dated. Any discrepancies must be reported immediately to the ADP contractor and the Program Technology Manager. Missing shipments must also be reported to the ADP contractor and the Georgia WIC Program Director.
7. All vouchers must be stored in a locked cabinet, desk, or closet when not being issued. Voucher Registers and Computer Printed vouchers must be stored and locked in separate locations.
8. ADP contractor printed vouchers are received by the clinic in alphabetical order of the last name of the lead family member within each Sort Code. The lead family member is the one with WIC type P, N, or B or with the lowest Participant ID Number (usually #1).

C. Issuing of ADP Contractor Printed Vouchers

1. Ask participant/parent/guardian for WIC ID Card and verify identity of the person picking up the vouchers.
2. Verify that client is in a valid certification period and status of last vouchers issued using the Masterfile List of participants.
3. Pull participant vouchers and recheck that vouchers are the correct ones for the participant.
4. Locate the participant's name and voucher numbers on the voucher register.
5. Prorate if applicable:
 - a. Fruit and Vegetable Voucher must be issued (Do not include in the proration) – This voucher code begins with a "P".
 - b. Write or stamp "VOID" on the prorated voucher(s) not issued.
 - c. Circle the corresponding voucher number(s) on the voucher register and write "VOID" near the circled voucher number(s) for the vouchers that were NOT issued.
 - d. Make a correction on the Voucher Register to reflect the number of vouchers issued for the month based on proration.
6. Have the participant/parent/guardian sign the Voucher Register for each month of vouchers issued.
7. Staff issuing the vouchers will initial and date the Voucher Register next to the participant/parent/guardian's signature.

8. Document the ID proof code on the left side of the Voucher Register.
 9. Update ID Card and provide WIC Approved Food List, if needed.
 10. Explain Vouchers, Dual Participation, WIC Approved Foods List and location of grocery stores, if needed.
- D. End of Month Close-Out for ADP Contractor Printed Vouchers and Voucher Registers
1. When completing end of month closeout, the clerk must assure that all Voucher registers contain a participant's signature. Registers that are missing the participant's signature must be marked "Failed to Sign", followed by the clerk's initials and date.
 2. All vouchers not issued to participants must be voided during the end of the month close out and documented as "Void" on the voucher register (followed by the clerk's initials and date). The vouchers not issued to participants must also be shown as "Void" in the computer and submitted to CSC for reconciliation.
 3. Close-out must be completed by the fifth working day of the following month.
- E. Processing Manual TADs
1. If clinic staff cannot enter TAD information into the front end computer system within fifteen (15) days of service, contact the Georgia WIC Program Technology Manager to obtain approval to mail paper copies of TADs to the ADP contractor.
 2. Count completed paper TADs and separate the copies (top copy to CSC and other copy for retention at the clinic).
 3. Complete the Emergency Batch Control Form (see Attachment EP-5) for TAD copies.
 4. Mail a copy of the Emergency Batch Control Form and TADs to:

CSC, ATTN: BETH VAUGHN
10975 GRANDVIEW
BUILDING 27, SUITE 500
BOX 11
OVERLAND PARK, KS 66210
 5. Create a Batch Control Module with copies of the TADs and the Emergency Batch Control Form, sorted by date, for future reference and verification.
 6. When TADs are received in the clinic from the ADP contractor, the clerk must verify information against clinic copy of TAD. Correct any errors and resubmit the information electronically.

- F. Processing Manual Vouchers
1. Count completed paper Manual Vouchers (both issued and voided) and separate the copies.
 2. Complete the Emergency Batch Control Form for Manual Voucher copies.
 3. Make a copy of the vouchers that will be sent to CSC and retain these copies at the clinic for 5 years plus current Federal fiscal year.
 4. Mail second copy of the Manual Vouchers with the Emergency Batch Control Form to:

CSC, ATTN: BETH VAUGHN
10975 GRANDVIEW
BUILDING 27, SUITE 500
BOX 11
OVERLAND PARK, KS 66210
 5. Create an Emergency Batch Control module with copies of the Manual Vouchers and a copy of the Emergency Batch Control form, sorted by date, for future reference and verification.

XII. TIPS FOR OPERATING A MANUAL SYSTEM

- A. Verify the Manual Vouchers beginning numbers daily, to ensure that you start with the correct batch. (Remember that there are ten (10) sets of vouchers)
- B. Set up cycle vouchers and Manual Vouchers on a long table with labels and large signs (e.g., W08-Issue six vouchers per set) in a secure location that is out of reach of clients but easy for staff to use.
- C. Maintain voids and unissued vouchers in numerical order at all times.
- D. Separate voucher copies by using an organizer system to keep in numerical order.

Attachments

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EP-1: Declared Emergency - Staff Availability

Date	Time Call Received	District/Unit Clinic	Staff Name	Staff Telephone	Return to Work Date	Return to Work Time	Closure of Issue

Retain: at the District Office for 5 YEARS PLUS CURRENT FEDERAL FISCAL YEAR.

EP-2: Declared Emergency-Personnel Time Tracking Form

Declared Emergency - Personnel Time Tracking Form			
Summarize incident related activities:			
Affected district/County(ies):			
Federal Disaster Declaration:			
Name & Employee #	Dates	Location Deployed District/Unit/Clinic	Total Hours
Total			
Form completed by:			
Date:		Supervisor Signature:	

NOTE: Attach this signed form to the Emergency Daily Work Activity Log
Retain: for 5 YEARS PLUS CURRENT FEDERAL FISCAL YEAR as documentation for any future federal disaster relief claims.

EP-3: Declared Emergency - Communications Log

Date	Time	Name of Communicator	Message	Person Receiving Communication	Action Taken	Lead Person	Closure of Issue

Retain: at the District Office for 5 YEARS PLUS CURRENT FEDERAL FISCAL YEAR.

EP-4: Declared Emergency-Daily Work Activity Log

PAGE ____ OF ____

DECLARED EMERGENCY - DAILY WORK ACTIVITY LOG

DATE: ____ / ____ / ____

NAME: _____ Employee # : _____

DISTRICT: _____ OFFICE: _____

NEW ACTIVITY TIME: ____ : ____ AM to ____ : ____ AM BLDG: ____ OTHER: ____
PM PM

ACTIVITY LOCATION:
Activity Description:

NEW ACTIVITY TIME: ____ : ____ AM to ____ : ____ AM BLDG: ____ OTHER: ____
PM PM

ACTIVITY LOCATION:
Activity Description:

NEW ACTIVITY TIME: ____ : ____ AM to ____ : ____ AM BLDG: ____ OTHER: ____
PM PM

ACTIVITY LOCATION:
Activity Description:

SIGNATURE: _____ DATE: _____

Note: Attach this form to the Emergency Personnel Time Tracking Form (Attachment EP-2)

Retain: for 5 YEARS PLUS CURRENT FEDERAL FISCAL YEAR as documentation for future federal disaster relief claims.

Retain: A COPY OF THIS FORM WITH COPIES OF THE TADS, ISSUED MANUAL OR VOIDED VOUCHERS, AND BATCH CONTROL MODULE.

Retain: all copies at the District Office FOR 5 YEARS PLUS CURRENT FEDERAL FISCAL YEAR.

EP-5:Emergency Batch Control Form

GEORGIA WIC PROGRAM		EMERGENCY BATCH CONTROL FORM	
		DATE	NUMBER
		/ /	/ /
DISTRICT/UNIT	CLINIC		
INSTRUCTIONS: THIS FORM IS TO BE COMPLETED ONLY WHEN TAD INFORMATION CANNOT BE ENTERED IN THE SYSTEM FOR 15 DAYS OR MORE.	1. USE THIS FORM AS A COVER SHEET TO FORWARD ALL TADS (CERTIFICATIONS, UPDATES, TRANSFERS AND TERMINATIONS) AND ISSUED MANUAL/VOIDED VOUCHERS. 2. SUBMIT THIS FORM WITH THE ISSUED MANUAL VOUCHERS, VOIDED MANUAL VOUCHERS AND TADS TO: 3.		
	CSC – ATTN: BETH VAUGHN 10975 GRANDVIEW BUILDING 27, SUITE 500 BOX 11 OVERLAND PARK, KS 66210		
CSC COVANSYS INPUT SECTION	TYPE OF DOCUMENT		NUMBER IN BATCH
	TURNAROUND		
	ISSUED VOUCHERS	MANUAL	
	VOIDED VOUCHERS	MANUAL	
COMMENTS:			
DATE SENT BY DISTRICT/UNIT		PREPARER'S SIGNATURE	
DATE RECEIVED AT CSC COVANSYS		SIGNATURE	
DATE ENTERED AT CSC COVANSYS		SIGNATURE	

EP-6: Surplus/Destruction Form



Surplus / Destruction Form # AM01001C

Releasing Agency Information		
From Agency:		
Property Location:		
Address 1:		
Address 2:		City:
County:	State:	Zip:
Location Contact:		
Phone:		
Email:		

Requested Date:

Action Requested:

Choose an item.

Surplus Number:

Receiving Agency Information		
From Agency:		
Property Location:		
Address 1:		
Address 2:		City:
County:	State:	Zip:
Location Contact:		
Phone:		
Email:		

Line #	QTY	Item Description	Make/Model	Serial/VIN/Asset ID	Condition
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.
					Choose an item.

Received By: _____

Released By: _____

Date: _____

Date: _____

Form # AM-01001C Surplus/Destruction Form – Revised 06/12/2014

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I. Georgia WIC Public Health Dietetic Internship Program Overview

The Georgia Department of Public Health WIC Dietetic Internship aids in recruitment and retention of public health nutritionists in Georgia WIC. The program serves efforts to assure a competent public health nutrition workforce through competency based education with supervised professional practice in multiple areas of dietetics practice resulting in credential attainment.

II. Georgia Department of Public Health WIC Dietetic Internship Handbook:

Attachment DI-1 Georgia Department of Public Health WIC Dietetic Internship Handbook:

Provides program information, procedures and policies.

III. FY 2015 Public Health Annex Master Agreement

Attachment DI-2 Master Annex Agreement:

Outlines Georgia Department of Public Health WIC Dietetic Internship grant fund restriction, allowances, deliverables, performance measures, and methods of fund allocation.

Attachments

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Georgia Department of Public Health
Dietetic Internship Handbook
2015-2016



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I. PROGRAM ACCREDITATION

The Georgia Department of Public Health's (DPH's) Dietetic Internship Program (DI) is accredited by the Accreditation Council on Education for Nutrition and Dietetics (ACEND), the accrediting agency for the Academy of Nutrition and Dietetics (AND). The GDPH DI is approved for 16 interns to participate each year.

Contact information:

Accreditation Council on Education for Nutrition and Dietetics
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
1-800-877-1600 Ext. 5400
Fax: 312/899-4817
E-mail: education@eatright.org

II. PHILOSOPHY

Philosophy of the Georgia Department of Public Health Dietetic Internship Program

The Dietetic Internship Program provides an opportunity for employees of the Georgia Department of Public Health's Special Supplemental Nutrition Program for Women, Infants, and Children (Georgia WIC Program) and our contracted WIC agency at Grady Hospital who have met the admission requirements for Registered Dietitian (RD) eligibility, to complete the Core Competencies for Dietitians (CRD) through supervised practices. A minimum of twenty-four (24) hours per week should be released from employment responsibilities to allow interns to participate in planned program experiences to achieve basic competencies.

Emphasis is placed on the development of competence in providing nutrition services as integral parts of health programs, especially public health programs. Individualized study permits interns to achieve professional development goals. Program flexibility provides interns with opportunities to meet individual needs and interests.

Self-Assessment and faculty evaluation assist with improving practice and professional development. A base is provided for lifelong self-development to improve knowledge and skills.

The staff of the Georgia Department of Public Health WIC Program, Nutrition Section and participating Health Districts are committed to assisting those interns/employees who wish to overcome financial, geographical, or personal barriers to verify their professional competence through the Academy of Nutrition and Dietetics (AND) credentialing process.

Interns who successfully complete the GDPH Dietetic Internship and obtain registration are encouraged to serve as mentors and preceptors for future GDPH Dietetic Interns.

The Dietetic Internship Program's primary goal is to achieve improved health outcomes of Georgians through the promotion of quality nutrition care practice. This will be accomplished by workforce development aimed at increasing the number of Registered and Licensed Dietitians of currently employed nutritionists.

III. **MISSION AND GOALS**

The GDPH Dietetic Internship Mission

To improve the health outcomes of Georgians through the promotion of quality nutrition care practice by assisting qualified employees of the Georgia Department of Public Health's WIC Program to become Registered Dietitians.

Program Goals and Outcome Measures

GA DPH DI Goal 1: The GA DPH DI will prepare graduates to be competent at an entry level through high quality educational offerings.

Outcome Measures – Goal 1:

- Over a five-year period, 80% of the dietetic intern graduates will pass the CDR Registration Examination on the first attempt.
- 50% of Interns achieve an average ranking of 3.5 or above (scale of 1-4) on core and community nutrition emphasis competencies.
- 90% of employers will rate program graduates as competent at entry level.

GA DPH DI Goal 2: The GA DPH DI will attract and retain well qualified candidates.

Outcome Measures – Goal 2:

- 90% of the interns will complete the program in 18 months or 150% time planned for completion.
- 90% of graduates seeking employment will be employed within 90 days of graduation.

GA DPH DI Goal 3: The GA DPH DI will prepare graduates who will continue to practice in community nutrition care services in Georgia after program completion.

Outcome Measures - Goal 3:

- 80% of program graduates will indicate working/volunteering in nutrition within Georgia Department of Public Health 2 years after program completion.

IV. **PROGRAM CONCENTRATION**

The program concentration for the GDPH Dietetic Internship is **Community Nutrition/Public Health**, which includes 1200 hours of supervised practice: 504 hours in community nutrition, public health research, life-cycle and health promotion; 504 hours in medical nutrition therapy; and 192 hours in food service.

V. ACADEMY OF NUTRITION AND DIETETICS REGISTRATION REQUIREMENTS

Requirements for Registration are established by the Commission on Dietetic Registration (CDR). The present eligibility requirements include:

A. Academic Preparation

1. Completion of the ACEND didactic program in dietetics and a minimum of a Baccalaureate degree from a United States Regionally accredited college or university.
2. A completed Verification Statement.
3. Supervised practice requirement obtained through one of the ACEND accredited or approved experience pathways.
 - a. Accredited Dietetic Internship
 - b. Accredited Coordinated Program
 - c. ISSP pathway
4. Successful completion of the Registration Examination for Dietitians. Site locations can be obtained at:
http://www.cdrnet.org/programdirector/act_centers.cfm.
5. Mandatory participation in continuing education for maintenance of registration. Dietitians must accumulate 75 hours of approved continuing education every 5 years.

B. Verification of Educational Program

Upon completion of the Dietetic Internship, the Dietetic Internship Director will issue a Verification Statement to the graduate. The Verification Statement is needed for the graduate to apply for the national registration examination. Interns desiring to apply for the registration examination should contact the Internship Director for information about the required procedures.

C. Academy of Nutrition and Dietetics Membership Information:

As an intern enrolled in an accredited Dietetic Internship, you are eligible for STUDENT MEMBERSHIP in the Academy of Nutrition and Dietetics. Membership is required for the Georgia Department of Public Health Dietetic Internship.

Membership benefits include:

- Monthly issues of the Journal of the Academy of Nutrition and Dietetics
- Access to the AND Evidence Analysis Library
- Reduced fees for AND's Annual Meeting and other educational programs
- Automatic membership in the state dietetic association
- Discounts on professional publications and merchandise

- Toll-free number to call AND for assistance (Center for Nutrition and Dietetics can provide you with research information.)
- Applications are available from the GDPH Dietetic Internship program or at www.eatright.org

VI. ADMISSION REQUIREMENTS OF THE GDPH DIETETIC INTERNSHIP

Prospective Interns

The following information about the GDPH DI is available to prospective interns on the GDPH DI website located at <http://dph.georgia.gov/dietetic-internship>:

- a. A description of the program, including its mission, goals and objectives that are monitored for program effectiveness.
- b. A statement that program outcomes data are available on request.
- c. A description of how the program fits into the credentialing process to be a registered dietitian and state certification/licensure requirements for dietitians, if applicable.
- d. The cost to interns, such as estimated expenses for travel, housing, books, liability insurance, medical exams, uniforms and other program-specific costs, in addition to application fees and tuition.
- e. Accreditation status, including the full name, address, and phone number of ACEND.
- f. The Admission requirements for all pathways and options for which the program is accredited.
- g. The academic and program calendar or schedule.
- h. Graduation and program completion requirements for all pathways and options for which the program is accredited

Criteria for Application to the program

The Dietetic Internship program has established eligibility criteria for admission to the program.

An applicant must have:

- Current full-time status as a GDPH employee in the Georgia WIC Program with at least one FTE year of working experience in the Georgia WIC Program. (The one year period is from hire date to internship application date).
- A letter of support from the Health Director in the Georgia public health district in which the applicant is employed.
- A letter of support from the Nutrition Services Director in the Georgia public health district in which the applicant is employed.
- Supervisor's confirmation of applicant's job performance as satisfactory or better. (Submit a copy of the most recent PMF).
- A signed community preceptor agreement.
- A completed Baccalaureate Degree and verification statement from a didactic program accredited by the Accreditation Council on Education in Nutrition and Dietetics (ACEND).

- A reliable laptop computer, e-mail address and internet service.
- A Overall GPA of 2.80 or above.*
- Completion of recency of education requirement if applicant has been out of college more than five years.**

An applicant who meets the following criteria may still be considered:

**Guideline for low grade point average*

- Earn a GPA of 3.0 or higher in each course; complete a minimum of 9 semester hours in upper level dietetics courses from an accredited college or university after graduation and prior to application to the Dietetic Internship Program. Transcripts must include evidence of this course work. Prospective interns will need to obtain prior approval from GDPH Dietetic Internship Director on acceptable coursework to meet this requirement.

***Recency of Education requirements*

- If an applicant graduated from college with an undergraduate dietetics degree more than five years prior to the time of submission of an application, the applicant is required to take one upper level college-level course (a minimum of 3 semester hours) from an accredited college or university in the area of dietetics, and to earn an A or B in that course prior to applying to the internship program. Prospective interns will need to obtain prior approval from the GDPH Dietetic Internship Director on acceptable coursework to meet this requirement.
- If an applicant has graduated from a graduate program in nutrition and/or dietetics more than five years prior to the time of submission of application, the applicant is required to take one upper level college-level course (a minimum of 3 semester hours) from an accredited college or university in the area of dietetics, and to earn an A or B in that course prior to applying to the internship program. Prospective interns will need to obtain prior approval from GDPH Dietetic Internship Director on acceptable coursework to meet this requirement.
- If an applicant has graduated from college with an undergraduate degree in dietetics ten years or more at the time of submission of application, two upper level college-level courses (a minimum of 6 semester hours) from an accredited college or university are required. Course work must be in the area of dietetics and must be completed by the application deadline with proof of coursework in the transcripts. Classes must have been completed no more than 4 years prior to application deadline. Prospective interns will need to obtain prior approval from GDPH Dietetic Internship Director on acceptable coursework to meet this requirement.

Application Procedures. The application packet is available online, but a hardcopy of the application may be requested by calling or submitting a written request to:

GDPH Dietetic Internship
Nutrition Unit
2 Peachtree Street NW, Suite 10-283

Atlanta, GA 30303-3142
 Phone: 404-657-2884

The following items must be submitted (One original for each of the following):

- Official verification statement of completion of ACEND-approved academic requirements from an accredited college or university.
- Official transcripts from all universities attended for undergraduate and graduate coursework. Transcripts must show the date of graduation and major. Interns should order official transcripts in a sealed envelope from the universities and include the unopened transcripts in the application packet.
- Recommendations from one academic professor and two recommendations from employers with one of them from the current supervisor. If the applicant agrees for the recommendation to remain confidential as indicated on the recommendation request form, the unopened, sealed letters should be included in the application packet.
- Supervisor’s confirmation of applicant’s job performance as satisfactory or better. (Submit a copy of the most recent PMF.)
- Public Health Dietetic Internship Contract signed by the District Health Director.
- Community Rotation Preceptor Agreement signed by applicant, community preceptor and District Nutrition Services Director.
- A folder containing copies of each of the following documents:
 1. Completed GDPH Application for Dietetic Internship Supervised Practice Program
 2. Personal statement (following GDPH Personal Statement guidelines)
 3. Letters of support from District Health Director and District Nutrition Services Director
 4. One page resume

Applications must be postmarked no later than March 31st to be considered. Incomplete application packets will not be considered. All application materials submitted to the GDPH Dietetic Internship Program will become the property of the Georgia Department of Public Health and will not be returned to the applicant.

Date	Action
January	Intern Open House
March – end of month	Applications due
April - middle of month	Applicants notified of applicant status ¹
May - early to mid-month	Conduct interviews ²
May - end of month	Notification of acceptance or rejection sent to all eligible candidates
June – middle of month	Accepted applicants notify internship management of their intent to enter and complete the internship and submits additional documents

August – first week	Internship Orientation
August – second week	Internship Orientation
August – third week	Community Rotation Orientation
August – fourth week	Internship begins

¹Applicants who will be considered for the internship will receive a letter verifying receipt of their application packet and instructions on scheduling a date and time for an interview with the selection panel. Applicants who will not be considered will receive a letter stating the reason(s) they are not eligible for consideration.

²Applicants will be interviewed by a panel. Each interviewer will rate the applicants using a standardized scoring sheet. Applicants will be ranked based on their performance in the interview, grade point average (overall and food and nutrition specific coursework), letters of recommendation and references, length of service in public health, work experience, extracurricular involvement, professional membership and service, and personal statement.

Selection of Interns

Applicants will be ranked with ratings based on the following factors:

- GPA cumulative undergraduate, and food/nutrition/dietetics coursework
- GPA science and graduate degree – bonus points may be awarded for GPA of 3.0 or better in science courses and for a completed graduate degree
- Extracurricular activities
- Work Experience in dietetics/nutrition
- Personal statement
- Recommendation rating scores from college professor and supervisor(s)
- Interview

Acceptance/Rejection Letters

Applicants will receive their acceptance letter or rejection by mail, at the address provided on the application form. Applicants who are selected to participate in the Internship program are required to inform the DI Director in writing of their decision to accept or reject the appointment and to provide any other documentation requested in the acceptance letter. Upon acceptance of the appointment, the intern will be required to sign and date a commitment agreement (see Intern Commitment Agreement page 50). If the DI Director has not heard from each intern within the specified time frame, the intern will lose placement in the program.

Pre-Entrance Requirements

Once the intern accepts placement into the GDPH DI, the intern will be required to send proof of his/her student membership with AND, driver’s license, health insurance, automobile insurance, medical clearance, proof of immunization for MMR, tetanus, Hep B, and varicella as well as PPD results and current BLS card.

Interns will be sent pre-orientation assignments which must be completed prior to attending general orientation. The pre-orientation assignments are designed to provide

each intern with an opportunity to complete a self-assessment, and to review the code of ethics and standards of practice.

VII. FINANCIAL AID AND COST TO INTERNS

There is no tuition fee at this time to participate in the GDPH Dietetic Internship. However, there are costs associated with participating in the Internship that may require that you seek financial aid. Please note that your participation in the Dietetic Internship Program may allow college loans to be deferred. Also, because of your status as an intern, educational loans may be requested through the Academy of Nutrition and Dietetics (AND), or a lending institution. Seeking financial aid is the responsibility of the dietetic intern..

GDPH interns continue to receive their full-time salary and fringe benefits from their District Public Health employer during the internship. Dietetic interns do not receive stipends in addition to their salaries provided by their employer. Interns must provide their own transportation, lap top, and internet service to complete the requirements of the internship. When WIC funds are available, the intern’s District Public Health office can assist the intern with WIC-allowable expenses such as lodging, travel, conference fees, books, etc., but this is not an expectation. The following costs to the intern are estimates and subject to change:

Estimated Internship Cost	
Books (provided by employer or provided by intern)	\$ 0 - 500
Medical Insurance (provided by employer or provided by intern)	\$900 - 1,500
Liability Insurance (provided if a GDPH employee)	\$ 0
Automobile Insurance	\$ 500 - 1,000
AND Student Membership (required) and student membership to a local Georgia academy of Nutrition and Dietetic Association and student membership to Georgia Public Health Association (recommended)	\$ 50 - 100
Laboratory Coats or Uniforms (if required by site)	\$ 150
Medical Exam and vaccinations	\$ 200
Criminal background check (if required by site)	\$ 50-100
Drug testing (if required by site)	\$ 50-100
Laptop computer and internet access	\$ 1,500
Printing or copying cost	\$ 100
Transportation/Mileage to orientation sessions, training sessions and rotation sites (provided by employer or provided by intern)	\$ 0 - 1,000
Lodging/Meals to orientation sessions, training sessions and rotation sites (provided by employer or provided by intern)	\$ 0 - 1,000
Conference/Training Registration Fees (provided by employer or provided by	\$ 0 - 1,000

Estimated Internship Cost	
Books (provided by employer or provided by intern)	\$ 0 - 500
intern)	
Meals and Parking at rotation facilities (if required by site)	\$ 0 – 100
Registration Examination	\$ 200
TOTAL COST	\$ 3,700 – 9,350

VIII. INTERNSHIP CONTRACT

Prior to beginning the internship, the intern/employee must sign a legally binding contractual agreement with his/her employer, e.g., District Public Health office. **By signing the contract, and intern affirms his/her understanding that he/she must successfully complete the twelve (12) month internship followed by passing the Registered Dietitian examination; and,** upon successful completion of the internship, commit to work with his/her Georgia Public Health District WIC Program **for a minimum of twenty-four (24) months.** The contract requires that an intern remain employed by their employer for twenty-four (24) months after passing the dietetic registration examination. If an intern terminates his/her employment prior to completing the obligated 24 months, or fails to meet the terms of the contract, it is expected that the intern will reimburse their employer/agency **at a rate of \$1,250.00 per month based on the balance of time remaining on the work commitment, which is subject to proration.** All payments are expected in full.

Interns who choose to leave the internship within the initial probation period (the first 96 hours of supervised experience) will not be required to make monetary restitution to their employer/agency. Interns who choose to leave the internship after the initial probation period (the first 96 hours of supervised practice) has lapsed will be required to make monetary restitution to their employer/agency, **at the rate of \$25 per hour for each completed rotation hour up to a maximum of 1200 hours or \$30,000.00.** Interns who are dismissed from the internship at any time during the program will be required to make monetary restitution to their employer/WIC local agency. All payments are expected in full.

No expenses incurred during the course of the internship will be returned to an intern who elects to leave the internship.

IX. INTERNSHIP SCHEDULE

- The duration of the Internship Rotation Schedule is 54 weeks. Interns will participate in supervised practice hours for up to 24 hours per week, and work in their respective jobs for 16 hours per week.
- Didactic hours and internship documentation (e.g., logs, reports, evaluations, etc.) will require additional hours beyond the 40 hour internship/work week.

- Interns are expected to be present for each scheduled rotation, orientation and training. If circumstances beyond an intern’s control (e.g, illness, car trouble, illness or death of an immediate family member, etc.) occur, the preceptor will assist the intern with rescheduling these experiences. There is no guarantee that these experiences can be made up without repeating the rotation or requesting an extension to complete the internship, but every reasonable effort will be made.

Rotation	Didactic Hours	Practice Hours	Dates
General Orientation	24	0	August 11 – 13, 2015
Community Rotation Orientation	24	0	August 18 – 20, 2015
RD Review	24	0	August 24-25, 2015
Community Rotation	100+	504	August 31, 2015 – January 29, 2016
Food Service Rotation	50	192	February 1– March 25, 2016
Clinical Skills Class	24	14	March 26-27, 2016
Clinical Rotation(s)	50	432	March 28 – July 29, 2016
Renal Rotation	30	72	August 1 – 19, 2015
RD Review	16	0	August 22 – 23, 2016
Total	302	1200	
Graduation	0	0	August 24, 2016

Note: Rotation schedules may be subject to change.

X. TIME COMMITMENT

The designated practice hours in each facility do not include travel time, outside preparation, didactic lessons, or the orientation training. The intern will work the schedule which best facilitates learning which could include weekends and early or late hours.

Practice hours may be required beyond this minimum, depending on the demands of the rotation and assignments. Interns are expected to complete all didactic assignments. The didactic hours above are only estimates and the didactic assignments may require hours beyond this estimate. In addition to practice hours and didactic hours, interns should expect to expend “other” (e.g., preparing reports, activity logs, etc.) hours on a regular basis and should plan their schedules accordingly.

XI. ORIENTATION

- A. Preceptors are provided with information on the purpose of the ACEND accreditation process and the intent of accreditation standards as well as the preceptor handbook, appropriate curriculums, and evaluation tools ahead of intern site rotations. All preceptors are provided with a handbook, curriculum(s), and curriculum instructions. All preceptors are encouraged to complete the 8 hour online training provided by the

- Academy of Nutrition and Dietetics. All preceptors may schedule a phone conference with the Dietetic Internship Director, as needed.
- B. Internship orientation will take place at the beginning of the internship program. Program Orientation will be held for three (3) days. The GDPH DI Handbook, including DI program policies and procedures will be reviewed during the orientation. During orientation, interns will also begin to explore various learning styles and personality types and theories that they will observe and apply throughout the internship.
 - C. A week before each rotation commences, interns will participate in a rotation-specific orientation, known as a “pre-rotation module.”. Interns will be required to complete pre-rotation modules for community, food service, and clinical rotations.
 - D. The GDPH rotation curriculum and evaluation process will be reviewed during orientation and the intern will be provided with an overview and introduction to specific clinical, community, and food service skills which will be required of the intern in rotation site supervised practice.

XII. COMPETENCIES/INTERN LEARNING OUTCOMES

There are four broad Intern Learning Outcomes (ILOs) and one Community/Public Health Concentration Learning Outcome that are tied directly to the rotation curriculum. The ILOs allow for the assessment of intern learning, and provide a measure for assessing program goal effectiveness. The ILOs illustrate how outcome measures are used to assess the interns’ progress and achievement of the 38 Core Competencies for Dietitians and 5 Community/Public Health Emphasis Competencies.

Intern Learning Outcome 1: Scientific and Evidence Base of Practice:

- Integration of scientific information and research into practice.

Intern Learning Outcome 2: Professional Practice Expectations:

- Beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

Intern Learning Outcome 3: Clinical and Customer Service:

- Development and delivery of information, products and services to individuals, groups and populations.

Intern Learning Outcome 4: Practice Management and Use of Resources:

- Strategic application of principles of management and systems in the provision of services to individuals and organizations.

Intern Learning Outcome 5: Community/Public Health Emphasis:

- Development and delivery of nutrition intervention programs to culturally and ethnically diverse communities.

See the 2012 Core Knowledge and Competencies for the RD in the appendices page 47-49.

XIII. SUPERVISED PRACTICE HOURS/ CURRICULUM

The GDPH DI is comprised of 1200 hours of supervised practice hours through three internship areas:

- Community/Public Health (504 hours)
- Clinical (504 hours)
- Food Service (192 hours)

To satisfy the hourly requirement, interns are required to complete 24 practice hours per week. Individual and group work will be conducted by each intern during the internship. Interns may be divided into Group A and Group B, depending on available rotation site schedules and may complete rotations on opposite schedules (group A completes community rotation while Group B completes food service and clinical rotations).

Interns will complete the Community/Public Health rotation supervised practice hours within the public health district where they are employed and throughout the communities served within that public health district. The interns will also work in groups for some community projects.

Interns will complete the Clinical/Food Service rotation supervised practice hours in hospitals, school systems, medical clinics, renal dialysis clinics, and diabetes centers through-out the state of Georgia. Interns will assist the GDPH DI Director with locating rotation facilities in close proximity to the intern.

The GDPH DI will also offer supervised practical training sessions for each intern. Examples of practical training include:

- Community Needs Assessment
- A 3-day Pediatric Nutrition Practicum at Children's Health Care of Atlanta
- Nutrition Care Process
- Grant Writing
- Clinical skills

Four curriculums have been developed for the GDPH DI:

- **Community/Public Health**
 - 21 weeks of supervised practice
 - Can be completed in the public health district and in local community agencies
 - Includes grant writing, community needs assessment and interdisciplinary focused activities
- **Clinical**
 - 18 weeks of supervised practice
 - Can be completed in a hospital and in other clinical settings like a, Diabetes Clinic, Bariatric Clinic, Oncology Outpatient Clinic, etc.

- **Renal**
 - 3 Weeks of supervised practice
 - Can be completed in a hospital and/or dialysis facility
- **Hospital Food Service or School Food Service**
 - 8 weeks of supervised practice
 - Can be completed in a hospital setting or in a school system

XIV. DIDACTIC HOURS

The GDPH DI will provide didactic hours throughout the internship. Examples include:

- 3-day Dietetic Internship Orientation (includes some practice hours)
- 3-day Rotation Specific Orientations (includes some practice hours)
- On-line courses for didactic assignments on CourseSites.com.
 - Nutrition Modules
 - Journal Articles
 - Reading Assignments
 - Internship Resource Links
 - RD Practice Exams

User training for CourseSites.com will be provided at the internship orientation. Each intern will be provided the URL and log in information for CourseSites.com. The intern is expected to check the CourseSites.com website daily for assignments and announcements.

XV. REQUIRED TEXTBOOKS

Book expenses are the responsibility of the intern (see Table, Estimated Internship Cost). Internship-related books are WIC allowable expenses. If funds are available, the District Public Health Office may choose to pay for them, but this is not guaranteed. The following books must be purchased prior to the internship orientation:

- Nutrition Therapy and Pathophysiology, 2nd edition (by Nelms)
- Nutrition and Diagnosis Related Care, 7th edition (by Escott-Stump)
- Food Medication Interaction, 16th edition (by Pronsky)
- ADA Pocket Guide to Nutrition Assessment/ 2nd Edition (By Charney)
- International Dietetics & Nutrition Terminology (IDNT) Reference Manual, 4th edition
- Foodservice Organizations: A Managerial and Systems Approach, 8th edition (Gregoire)

XVI. EVALUATION PROCEDURES

Evaluation procedures are a very important part of a dietetic internship. The evaluation process aids in the assessment of the interns' abilities to be successful in the program as well as in the profession of dietetics. Additionally, the evaluation process provides for early detection of academic difficulty and improvement. It allows for inters to receive

important feedback to allow them to build their dietetic practice skills. Communication and feedback through-out the internship is considered a best practice.

Evaluation opportunities include both formative and summative assessments:

- Activity Logs
- Peer Evaluation
- Self -Evaluation
- Intern Midpoint Evaluation
- Preceptor/Rotation Evaluation
- Intern Final Evaluation
- Orientation, Training, and Didactic Assignment Evaluation
- Dietetic Internship Program Evaluation

Evaluations to be completed by the intern:

A. Internship Time Logs

- Supervised Practice and Didactic Hours must be logged by the intern and verified by the preceptor
- Completed time logs, which have been verified by the preceptor, are to be turned in weekly and with the final evaluation and rotation paperwork at the completion of the rotation.

B. Orientation, Training, and Didactic Assignment Evaluation

C. Intern Self-Assessment Evaluation

- The GA DPH DI will utilize the University of Minnesota Self-Assessment Tool for Public Health/Community Nutritionist Modules. <http://www.epi.umn.edu/let/assessment/index.html>.
- The intern self-assessment evaluation will be conducted prior to and during the internship orientation.
- The intern is required to bring a lap top to the orientation meeting to take the on-line self-evaluation tool.
- The modules in the self-assessment tool will provide the intern with an opportunity to systematically identify strengths and weaknesses in specific areas of public health and community nutrition practice. It will also provide guidance and resources to assist individuals in career development planning.
 - **Module 1** guides individuals through a self-reflection exercise to assist in articulating personal and professional goals that may impact career development.
 - **Module 2** contains an interactive self-assessment that allows individuals to determine specific areas of strength and weakness in public health and community nutrition practice.
 - **Module 3** provides guidance in analyzing and interpreting the results of Module 2.
 - **Module 4** consists of resources that can be used by students and practitioners to identify agencies and resources that can assist them with career development.

- Once completed, the intern will need to print the self-assessment and associated action plans for placement in the Internship file.

D. Rotation Goals and Reflections

The Rotation Goals and Reflection form is completed and reviewed by the intern and preceptor at the beginning of each rotation. The completed and signed Rotation Goals and Reflection form should be turned in to the DI Director at the end of each rotation with the standard rotation paperwork required for each intern.

E. Preceptor/Rotation Evaluation

The Preceptor/Rotation Evaluation form is completed at the end of each rotation and is used to assess whether the intern perceived that the preceptor/rotation provided an adequate supervised practice experience.

- The Preceptor/Rotation Evaluation should be sent electronically to the DI Director within one-week following the end of each rotation.
- Completed Preceptor/Rotation Evaluation forms are treated as confidential and will not be shared with the preceptor. Feedback from the evaluations will be used to coach preceptors, guide preceptor training needs, revise supervised practice experiences, and to prepare future interns for supervised practice.

F. Program Exit Evaluation

- At the completion of the program each intern is asked to complete a program exit evaluation and a post-internship self-evaluation.
- The Self-Evaluation tool examines how the intern feels about the overall internship program and whether or not experiences were provided that have prepared him/her for the registered dietitian exam. The intern can compare the self-evaluation tool completed at the beginning of the internship with the post-internship self-evaluation.
- The Program Exit Evaluation tool is used to evaluate the intern's views and opinions about the internship and its many components. This is an opportunity for the intern to voice any concerns about the program, the rotations, supervised practice hours, assignments, trainings and preceptors.

Evaluations completed by the Preceptor

A. Project Evaluation

- Individual and group projects will be evaluated by the preceptor using a standardized evaluation tool or rubric, when appropriate. Evaluation guidelines are provided for most supervised practice activities.
- The grading scale is 1-4. In order to pass a particular competency, interns should achieve a '3' or higher. In order to pass a rotation, interns must achieve >75% or an average of '3' on all activities. This is determined by adding up the

scores for all competencies and dividing by the number of activities listed for that particular rotation.

B. Mid-Point Evaluation

- The Preceptor will evaluate the performance of the intern at the mid-point of the rotation.
- The preceptor and intern should meet in person to discuss the mid-point rotation evaluation.
- Immediately following the meeting, both preceptor and intern should sign and date the evaluation form and electronically submit it to the Dietetic Internship Director and/or Internship Coordinator.
- If adequate progress is not being made, steps needed to correct the deficiencies will be established as part of the mid-point evaluation documentation.
- Early feedback and preceptor suggestions for improvement are strongly encouraged before problems develop.
- Mid-point evaluations are not required for rotations of six weeks or less.

C. Final Evaluation

- Must be conducted at the end of each rotation.
- The Preceptor will evaluate the performance of the intern. Professional behavior, knowledge/skills, and core competencies comprise the three components of the evaluation.
- The final evaluation consists of the Rotation Grading Sheet which compiles all the project grades from the rotation, and the Professional Behavior Evaluation from the rotation.
- The Final Evaluation paperwork should be sent electronically to the Internship Director within one week of the end of the rotation. A final evaluation form is included with each curriculum.

XVII. GRADUATION REQUIREMENTS

Graduation from the internship is expected by the end of the 54-week program with successful completion and documentation of Intern Learning Outcomes and Competencies. If the intern is not able to complete the program in this time due to an authorized reason, the internship may be extended to a maximum of 18 months.

For completion of the program, interns must meet the following requirements:

- Complete the 1200 hours of planned supervised practice hours.
- Complete didactic learning experiences.
- Obtain a satisfactory rating on all rotations and examinations.
- Submit documentation for all CRDs for each rotation to the preceptors, and the Program Director, at the end of each rotation.
- Submit all required time logs, evaluation forms, self-assessments by the assigned due dates.

- The intern must demonstrate no misconduct, academic or non-academic, and must perform ethically in accordance with the values of the Academy of Nutrition and Dietetics.

XVIII. RD EXAM REVIEW

The GDPH DI desires for each intern to successfully pass the RD exam. Each intern will be provided with opportunities for assistance with preparing for and successfully passing the exam, which may include:

- RD Exam Review Materials (flash cards, on-line tutorials, study guides and frequent practice exams).
- RD Exam Review Course.

XIX. VERIFICATION STATEMENT AND REGISTRATION EXAMINATION ELIGIBILITY

After completion of the program by the intern, the DI Director will provide the intern with an intern exit packet. The intern must then do the following:

- A. Complete the Name/Address Verification Forms provided by the DI Director.
- B. Return the CDR Copy (this copy must be returned to CDR by the DI Director) to the Program Director on or before the deadline. The Program Director will submit this original form to CDR.
- C. Retain the student copy of the Name/Address Verification Form for your records. The "Student Copy" is to be used when you have a name/address change after you have submitted the original CDR copy to your Program Director.
- D. Notify the Program Director when a name/address change occurs via FAX so that he/she can revise your record and advise CDR by attaching this fax copy to your original form. Make sure you complete ALL areas of the Change Form, including the previous address (the address you submitted to your Program Director) and new address, Program Director's name, and the four-digit program code found on your Verification Statement you received from the Program Director, indicating completion of your supervised practice.
- E. Program Directors will forward the *Computerized Registration Eligibility Application* to CDR. You will receive a letter confirming your registration eligibility from CDR approximately two to three weeks following Program Director submission to CDR.
- F. Refer to the February 1999 *JADA*, page 156, for an article entitled, "*Computer-based testing: A new experience in 4 easy steps*" and the October 1998 *JADA*, page 1102, for an article entitled, "*Computer-based certification tests integrate testing and scoring, increase convenience*" for a detailed description of the eligibility process.
- G. The Registration Examination for Dietitians is given year round at over two hundred approved Sylvan Learning Corporation sites nationwide. All test sites are open Monday through Friday and the eligible candidate must call the Sylvan testing site to schedule an appointment to take the examination.
- H. Applicants should keep the following in mind:
 - Make certain the Commission on Dietetic Registration is furnished with a current mailing address.

- The examination fee is approximately \$200.
 - The test is multiple-choice and has a minimum of one hundred and twenty five questions.
 - The authorization to take the examination expires after the test is taken one year after authorization.
- I. Following completion of the above requirements, the Program Director will verify completion of the program to the Commission on Dietetic Registration (CDR) and provide the intern with a verification statement.
- At that time, interns will be eligible to write the Registration Examination of the Commission on Dietetic Registration.
 - After successful completion of the Registration Examination for Dietitians, interns have completed the requirements for becoming a Registered Dietitian.
- J. The GDPH DI Director will maintain one verification statement in the intern's permanent file and will provide five verification statements to each graduate. Statements are needed when applying to:
- Academy of Nutrition and Dietetics for membership
 - States for licensure – Georgia requires dietitians to be licensed
 - For more information see <http://sos.ga.gov/index.php/licensing/plb/19>
 - Potential employers

In addition to the above, each intern should keep an original signed verification statement in a secure place as a permanent record.

- K. In order for the GDPH Dietetic Internship to help future interns, each graduating intern is encouraged to:
- Inform the Program Director of any change of address.
 - Sign the release form allowing the testing center to release individual test scores to the GDPH Dietetic Internship.
 - Sign the release and ask your employer to share your performance evaluation with the GDPH Dietetic Internship.
 - Complete and return periodic program evaluations that are sent to former interns of the Dietetic Internship.

Such information is very useful in evaluation and improvement of the program for future interns. Data from specific informants will be compiled with that from other former interns to identify characteristics and trends. The identity of individual respondents will be protected.

XX. SITE SELECTION AND AFFILIATION AGREEMENTS

The GDPH DI Director will select new rotation sites based on need or the ability of the site to provide appropriately credentialed and/or educated, trained and experienced in the subject area and a unique experience to the rotation offerings. The DI Director will meet (via phone or in person) with the lead preceptor and review relevant competencies and learning activities appropriate to the site's emphasis area.

Scheduling procedures, length of rotation, and learning activities will be mutually agreeable to both the GDPH DI and the primary preceptor. An affiliation agreement must

be signed by both parties before interns may be placed in a rotation at that site. Site evaluations will occur through intern evaluations and correspondence with the primary preceptor.

The affiliation agreements were developed by the Georgia Department of Public Health's Office of General Counsel. By signing the affiliation agreement, the GDPH DI and the rotation site agree to abide by the provisions contained therein. The signed affiliation agreements are maintained in the GDPH DI office. Unless otherwise terminated, affiliation agreements will automatically renew annually.

XXI. ROLES AND RESPONSIBILITIES

Dietetic Intern

The dietetic intern will acquire the skills and knowledge to function as an entry-level dietitian or manager in all areas of dietetics. Failure to follow these rules may result in termination from the program.

- Present himself/herself in a professional manner and appearance at all times.
- The intern assigned to each rotation site is responsible for contacting the main preceptor to arrange the time and location for the first day of the rotation. Preceptors are asked to be as detailed as possible when providing directions and instructions to interns.
- Be punctual and available throughout the internship.
- Complete objectives, learning experiences, reading assignments, and projects by due dates.
- Be prepared for each rotation by reading required texts and articles and by completing modules prior to or during each rotation.
- Follow department, rotation facility and internship program policies and procedures.
- Maintain confidentiality of all information discussed within the department or rotation facility.
- Ask for the preceptor's approval to leave his/her area of responsibility.
- Communicate to the preceptor when attending meetings or other internship related activities during the rotation.
- Inform the preceptor of any change in his/her schedule in a timely manner.
- Accept any change in the preceptor's schedule that may arise.
- Maintain respect for positions of authority.
- Function as a team player.
- Seek guidance when needed.
- Research and look up information as needed.
- Accept constructive criticism.
- Completely accept responsibility for all actions.
- Maintain a positive and hard-working attitude.
- Maintain open and frequent communication.
- Attend all required teleconferences, meetings, training sessions, etc.
- Maintain electronic Dietetic Internship rotation files.

Preceptors

On the first day of the rotation, preceptors are asked to complete an orientation checklist with the intern. The orientation checklist outlines the information that should be reviewed with each intern upon arrival at a rotation site. It includes information about facility access, workspace, parking, dress code, scheduling, general work hours, rules regarding rest breaks and meal periods, attendance expectations (i.e. sick policy, procedures for advanced notice of absence, making up missed work), and any other relevant policies and procedures. In addition, preceptors are asked to provide interns with a tour of the facility, discuss proper channels of communication (i.e. who to contact with questions, grievances, etc.). Preceptors should provide the intern with appropriate contact information and review the curriculum with them.

If there are any concerns or questions, preceptors and interns are asked to contact internship staff immediately. Names and contact information for internship staff members are listed below.

Rhonda Tankersley, MPH, RD, LD
Dietetic Internship Administrator
Georgia WIC Program, Program Operations and Nutrition Office
Georgia Department of Public Health
2 Peachtree Street, NW
10th Floor, Suite 283
Atlanta, GA 30030
Office Phone: 404-656-9837
Direct Line: 404-463-0742
Office Fax: 404-657-2886
Mobile: 404-295-9539
Email: Rhonda.Tankersley@dph.ga.gov

It is the expectation that the preceptor will:

- Assess the educational needs of the intern (this may be done by providing a pre-rotation module which can be used to introduce the intern to the subject matter and create a baseline for the supervised practice, or the preceptor may give a quiz, question/answer, or case study to assess knowledge and level analysis/synthesis performed by the intern at the rotation start).
- Each GDPH DI Interns identifies his/her learning style at the beginning of the internship. Work with the intern to incorporate educational methods that meet the needs of the learner as well as addressing the required competency.
- Focus on entry level concepts that you apply in your daily work and assist the intern in developing the knowledge and skills needed for entry level practice competence.
- Allow interns adequate opportunities to practice what they have learned
- Provide one on one guidance for the intern that supplements and enhances information interns receive from their didactic training
- Evaluate the both formally (i.e., at midpoint and final using the GDPH DI intern evaluation tools) and informally (i.e. provide daily feedback on progress and praise the intern for achieving competency where applicable or highlight areas of needed improvement).
- Assist the intern in addressing noted deficiencies with a plan (i.e., readings, case studies, more practice time, etc.).

- Solicit feedback from the intern throughout the rotation to gain insight on how they feel they are doing and if they feel they are getting the direction and practice opportunities needed for them to achieve competence
- Respect and treat the intern as an individual and unique adult learner.
- Provide clear guideline on rotation rules, policies, and procedures as well as your expectations of the intern.
- Yield to another dietetics professional when needed (i.e., if you are asked to evaluate an intern project that you are not or do not feel competent to evaluate, ask for help).

Dietetic Internship Director

The Dietetic Internship Director is responsible for the planning, administration, and evaluation of the GDPH Dietetic Internship Program. The DI Director is responsible for the following:

- Developing and updating recruitment and application information for prospective interns.
- Providing program information and meet with prospective interns.
- Orienting interns to the program.
- Organizing the rotations throughout the year.
- Coordinating with the preceptor the objectives, learning experiences and projects for the intern for that rotation.
- Monitoring and evaluating the intern's progress in each rotation throughout the year.
- Providing ongoing support and advice for all interns during their placement.
- Remaining in constant communication with the interns via telephone, email, scheduled site visits, and facilitates meetings with all current interns to provide further support, guidance, counseling, and advice.
- Developing the interns' rotation schedules.
- Planning and scheduling didactic hours via training sessions and CourseSites.com.
- Maintaining records pertaining to the maintenance of the program including intern complaints and resolutions.
- Serving as a role model and mentor to the intern.
- Acting as a liaison between the preceptor and intern as needed.
- Serving as an advocate for the intern when appropriate and justified.
- Enforcing policies and procedures.
- Directing the selection and procession of new dietetic interns.
- Enforcing the role and responsibilities of both the intern and the preceptor.
- Recruiting adequate and appropriate preceptors.
- Facilitating the negotiation of all contacts between the program and the supervised practice sites.
- Recruiting members of the Dietetic Internship Advisory Board.
- Completing all official forms, studies, reports, RD exam registration, etc., necessary for maintenance of DI program.
- Conducting continuous internal and external program evaluations.
- Developing new and/or modify current curriculum based on the ongoing achievement of intern learning outcomes, expected competence of the interns, program goals, and changes impacting dietetic practice.

- Reviewing the progress of the DI and program. Decide on future goals and implementation plans.

The Georgia Department of Public Health WIC Program will maintain a full time employee as program director. In addition the program will utilize an advisory board to support internship planning activities. The advisory board will include previous interns, preceptors, other DI Directors, and dietetic/Public Health professionals some of whom will be GDPH employees who are RD's.

In the event that the Program Director is unable to meet his/her responsibilities, the Program Administrator (Program Director's supervisor) will ensure that an appropriately credentialed and trained GDPH employee, who is also an advisory board member, be designated as interim Program Director. The interim designee will work with advisory board members and other organization staff to ensure that all evaluations and paperwork are completed in a timely manner and that intern's progress adequately through the program. In the unlikely event that an appropriately credentialed individual is not available within the organization to resume the program Director responsibilities the program intends to establish a short term contract until the position is filled.

XXII. ADVISORY BOARD

The GDPH DI will recruit board members from the following:

- Previous Interns
- Preceptors
- Other DI Directors
- Dietetic Professionals
- Public Health Professionals

Advisory Board Meetings

1. The GDPH Dietetic Internship will have two Advisory Board meetings annually which will be conducted by the Internship Director.
2. The format of the yearly Advisory Board Meeting will include, but not be limited to:
 - Introductions
 - History of the GDPH Dietetic Internship
 - Facts and Figures about Applicants and Graduates
 - Broad Program Goals and related Outcome Measures
 - Strengths and Weakness of the program
 - Discussion and decision
3. The Internship Director will solicit open feedback by all advisory board members.
4. The Internship Director will report back to the preceptors about results of advisory board meeting and possible program modifications.
5. Minutes of the Advisory Board meeting will be filed in Internship files.

XXIII. POLICIES and PROCEDURES

Internship Handbook Acknowledgement Form

At the completion of the internship orientation, each intern is required to:

Acknowledge receipt of the internship handbook, and

- that they understand the policies and procedures of the GDPH Dietetic Internship Program, and
- That they have had an opportunity to ask questions regarding the program.
- The signed acknowledgement form will be kept in the intern file at the GDPH Dietetic Internship office.

Attendance at Professional Meetings

Membership in organizations provides opportunities for participation in workshops and conferences at the national, state and regional level. It also provides for extended learning opportunities through group interactive experiences.

Each rotation provides numerous opportunities for interns to interact with a wide variety of professionals in the dietetic profession.

Dietetic Interns are required to become a student member of the Academy of Nutrition and Dietetics. Student applications with the required internship director's signature will be distributed at the internship orientation. Student membership is \$50 and runs from June 1-May 31. <http://www.eatright.org/>

Interns are required to maintain student membership for the duration of the entire program and will need to renew their membership by the May 31st deadline in the year subsequent to their entry into the program.

Vacation, Annual and Sick Leave Requirements:

- Interns are expected to be present for each scheduled rotation, seminar, and training. If circumstances beyond an intern's control (e.g., illness, car trouble, illness or death of an immediate family member, etc.) occur, the preceptor will assist the intern to reschedule these experiences. There is no guarantee that these experiences can be made up without repeating the rotation, but every reasonable effort will be made.
- Annual leave that does not conflict with scheduled internship activities may be requested from the employee's supervisor.
- If sick leave is taken during the 24-hours of internship activity, the intern is required to notify the supervisor and preceptor. The sick leave request form must be completed and submitted to the supervisor.
- If a scheduled internship day falls on a State holiday and the preceptor or designated alternate is scheduled and available to supervise the Intern's practice, then Interns are required to adhere to the internship schedule. However, if Interns wish to observe a State holiday, arrangements must be made with their preceptor in advance of the holiday and those arrangements must also be approved by the Intern's supervisor, preceptor, and the PD. If

an Intern's request to make alternative arrangements to observe a State holiday is not approved, the Intern must adhere to the original schedule. Participation in an internship day that falls on a State holiday does not qualify an Intern to "make up" its observance on another day. Interns are required to complete a set number of hours for all rotations in a 12-month period. Therefore, Interns are encouraged to make up time allocated to internship related activities during weekends or evenings, where possible. Unless an internship day falls on a State holiday, based on a pre-approved rotation schedule approved by the preceptor, supervisor, and PD, Interns have the discretion to use State holidays to make up internship hours.

- September 7, 2015 – Labor Day
- October 12, 2015– Columbus Day
- November 11, 2015 – Veterans Day
- November 26, 2015 – Thanksgiving Day
- November 27, 2015 – Robert E. Lee's Birthday (observed)
- December 24, 2015 – Washington's Birthday (observed)
- December 25, 2015 – Christmas Day
- January 1, 2016 – New Year's Day
- January 18 2016 – Martin Luther King's Birthday
- April 25, 2016 – Confederate Memorial Day
- May 30, 2016 – Memorial Day
- July 4, 2016 – Independence Day

Punctuality

The intern is expected to be ready for work at the scheduled starting time for supervised practice, training or didactic experiences. Lateness will not be tolerated. If the intern expects to be late, he/she should call the preceptor to inform him/her of lateness and expected time of arrival. Since late arrival is disruptive to training, the Dietetic Internship Director has the option to exclude the intern from the learning activity. Exclusion from training/clinical learning activity due to tardiness results in absence and will be treated as such. Punctuality is monitored by site preceptors and reflected on intern evaluations. The Dietetic Internship Director counsels the intern, documents the lateness and places the information in the intern's file.

Communication

Interns are responsible to check e-mail and CourseSites.com daily and promptly provide information requested by the internship staff. Current e-mail and telephone numbers must be provided to the Internship Director and preceptors.

While on internship duty, the use of personal cell phones/text messaging is ***prohibited***. Avoid discussions of a private, personal or confidential nature, and never in the presence of patients, employees, visitors, and personnel from other departments.

- Telephones at the rotation sites are for business only. No personal calls are allowed without permission.

- Any personal calls must be restricted to break time. Receiving personal calls is limited to emergencies only.
- The interns must follow the facilities' policy regarding long distance calls.
- Cell phones are not permitted during training or at rotation sites.
- Computers at rotation sites are for business only. No personal use of the computer is permitted. Checking email is limited to personal time – at home, before or after starting internship work.

Personal Computer

Interns are required to have their own computer, printer and access to the Internet. MS Word and PowerPoint software are required. Some preceptors require interns to have their own laptop computer with them. If you do not have personal lap-top, you either need to buy or borrow a laptop. The preceptor reserves the right to dismiss an intern until personal lap-top is either purchased or taken to the site.

HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) provides federal protections for a patient's or client's individually identifiable health information, or protected health information, that is held by covered entities and their business associates, and gives patients an array of rights with respect to that information. GDPH employees should already have received training on HIPAA (Health Insurance Portability and Accountability Act of 1996) requirements. However, some rotation facilities will require each intern to participate in its HIPAA training. The intern **MUST REMOVE ALL IDENTIFYING DATA** from copies of patients' nutritional assessments, MNT plans of care, etc., to use for evaluation purposes.

Universal Precautions

GDPH employees should already have received training on Universal Precautions. Some rotation facilities will require each intern to participate in additional training.

Dress Code

Interns must follow established dress code policies set by each supervised practice facility they are assigned to.

To promote a professional image, the intern will wear professional attire at clinical and community rotations and while in attendance of training sessions and professional meetings. The following general policies apply to all GDPH dietetic interns:

- Interns are expected to be neat and clean, taking pride in personal grooming to reflect concern and respect for patients, clients, preceptors, and others the intern works with.
- Lab coats or scrubs can be used if required in the clinical facility.
- Dress is business casual. No jeans, revealing clothing, form-fitting leggings, short skirts, bare arms, bare shoulders, bare midriffs or athletic wear is allowed.
- Shoes must have closed toes and closed heels.

- GDPH name badges must be worn at all times when on duty.
- During food service rotations, hair covering, minimal jewelry, and no artificial fingernails may be required.
- No gum chewing is allowed in the facilities or during times interns are participating in professional activities.
- Hair must be worn in a neat simple style, clean, and appropriate for professional activity.
- Beards and mustaches are acceptable if they are short, clean, and well groomed, but they may not be "grown" during time of contact with patients or clinical facilities.
- Preceptors have the right to determine if the attire worn is consistent with the image desired. Interns who do not follow facility guidelines for dress code will be sent home and counted absent. It is the intern's responsibility to arrange to make up any supervised practice experience to which he/she was denied access due to personal appearance.
- It is the responsibility of the intern to contact each rotation facility to inquire about the dress code prior to the rotation.
- Professional dress with specific examples will be discussed in detail during dietetic internship orientation.

Program Withdrawal and Refund

- Interns can withdraw from the internship program at any time. An intern who wishes to withdraw from the GDPH Dietetic Internship should inform the Internship Director in writing of his/her intent.
- Because the majority of the program costs are covered by the District which the intern works, refunds are not applicable for this program. However, payback to the District will be required of the intern as defined in the GA DPH DI contract.
- Interns will be allowed to withdraw at or before 96 supervised practice hours without monetary penalty.
- Prior to withdrawal, the intern, DI program director and District supervisor will meet to determine if withdrawal is necessary or if other arrangements can be made.

Protection of Privacy

- The GA DPH DI ensures the importance of protecting interns' privacy. Access to the intern's file will be limited to the intern, the Internship Director, or other internship personnel. Preceptors will have access only to those portions of the intern's file deemed necessary by the Internship Director for the provision of appropriate supervision and evaluation of the intern.
- In the case of an intern whose performance is in question, the Internship Director will have the authority to share portions of the file with a select committee in order to aid in reviewing the intern's performance and make a determination regarding the eligibility of the intern to continue in the program. Personal information about an intern may be released outside of the GA DPH DI only with the written consent of the intern, except to verify employment or intern status or satisfy legitimate investigatory, regulatory or other legal obligations.
- Personal records for all dietetic interns currently admitted to the program and former interns who have graduated will remain on file in the GA DPH DI office. Only information pertinent to maintaining regulatory agency compliance and

accreditation status of the program will be retained indefinitely. Information not retained for these purposes will be destroyed.

Access to Personal Files

Dietetic Interns have the right to access any personal, academic, or advisement records maintained by the Internship Director. Any intern wishing to review his/her records should submit the request in writing to the Internship Director, and make an appointment to access the records. If the intern waived the right to review the letters of recommendation in the application process, the intern will not have access to these letters.

Record Retention

- Internship records are maintained by the DI Director and Administrative Staff of GDPH
- Internship records (hard copies) are housed in locked files at the GDPH state office, (soft copies) are housed in e-files on the laptop of the DI Director and in the Internship share drive (note: files with SSN are kept in hard copy only and in locked files)
- Records will be retained according to the following schedule

Name of Record	Method of Retention	Retention Timeframe and Location	Document Destruction
Application and selection	Hard copies	5 years; locked file	Secure document shredding
Acceptance and entrance (i.e. immunization, insurance, background check)	Hard copies	5 years; locked file	Secure document shredding
Intern assignments and projects	E copies	5 years; my documents J drive	Samples will be retained by DI Director for purposes of accreditation site visit, marketing, etc. Remaining documents will be deleted
Verification statements (DPD program and Internship), RD misuse form, final transcripts, consent and acknowledgement forms	Hard copies	Permanent; locked file	N/A
Evaluations (intern surveys, employer surveys, rotation final evaluations, mid- point evaluations)	E copies and some hard copies (rotation final evaluations/mid-point evaluations)	5 years; my documents J drive and locked file	Samples will be retained by the DI Director for purposes of accreditation site visit, marketing, etc. Remaining documents will be deleted

Access to Student Support Services

- The Employee Assistance Programs (EAP) is available to GDPH employees.
- There is no tuition for the GDPH DI and interns retain their full salary and benefits while completing part time internship activities. At the completion of the internship, the intern is required to provide two years of services as a Registered Dietitian to the supporting Public Health District.
- Interns will have access to on-line education and training using CourseSites.com. Log-in and password information will be given during the internship orientation.
- Extensive training is provided by the GDPH DI throughout the year. Financial support is provided by the GDPH DI, when available for conference registrations and travel expenses. However, some cost may be the responsibility of the intern.
- Interns will have access to the on-line Nutrition Care Manual. Log-in and password information will be given during the internship orientation.
- Books and other internship resources may be provided to the intern through the Public Health District office. However, some cost may be the responsibility of the intern.
- The GDPH DI will provide an RD Exam Review Course during the internship at no cost to the intern.

Evidence of Health Status/Medical Clearance Form and BLS Certification

Before entering the program, interns must provide the program director with documentation of the following:

- A current medical history, including blood pressure, height and weight Tuberculin (TB) skin test or chest x-ray within the last year. This must be kept current throughout the internship.
- A Tetanus Booster within the last ten (10) years
- Proof of Tdap vaccination
 - MMR vaccination (documentation of two doses or MMR titer)
- Proof of Varicella vaccination or Varicella titer (history of disease is not accepted)
- Hepatitis B vaccine series or documentation of decline (only declinations for documented medical reasons verified by a physician will be accepted)
- Seasonal flu shot (optional, but recommended and may be required by some facilities)
- BLS certification card

Intern physicals must be conducted by the intern's primary care provider. **Interns who do not provide medical information are not allowed to begin the internship. Medical clearance forms must be completed and submitted to the program director at the time of internship acceptance by the employee.**

The affiliation agreement (Facility MOU) states that the program will document the health status of interns. The program director provides each facility with a letter stating that all interns assigned to that facility are in good health. Facilities may refuse educational access when the intern's health status does not meet its employee standards for health. Some rotation sites may require additional medical tests. Interns are responsible for the cost and must provide documentation to that facility for any testing required.

Insurance Requirements

a. Professional Liability

- The Georgia Department of Public Health has a comprehensive general liability insurance policy that will protect the intern/employee from legally imposed liability when such liability arises as a result of error, omission or negligence in the performance of his or her duties and professional training responsibility.
- A copy of the liability policy from the GDPH Administrative Policy and Procedure Manual is included in the appendices.
- Interns that are not covered by GDPH liability coverage are required to purchase professional liability insurance from a company who covers dietetic interns. Proof of liability insurance must be provided once he or she is accepted into the internship program. Preceptors may also require interns to present evidence of insurance. Interns will be responsible for obtaining any required coverage over and above the amount provided by DPH.

b. Health Insurance

- Evidence of current health insurance (wallet card, copy of the policy or any record showing clearly that the intern is covered by a health insurance policy) must be provided once he or she is accepted into the internship program. Health insurance must be maintained throughout the internship. Interns are required to submit a new insurance card for the new plan year.
- Preceptors at rotation facility sites may also require interns to present proof of health insurance.

c. Automobile Insurance

- Evidence of current automobile insurance (wallet card, copy of the policy or any record showing clearly that the intern is covered by an automobile insurance policy) must be provided once he or she is accepted into the internship program.
- Automobile insurance must be maintained throughout the internship. Interns are required to submit a new automobile insurance card or proof of automobile insurance upon expiration of the previously submitted card/proof.

Liability for Safety in Travel to and from Assigned Areas

If the intern uses a state or county-owned automobile, the intern must comply with all GDPH policy and procedural rules regarding state or county-owned vehicles. Vehicle accidents must be reported to the insurance company designated by the State or County immediately. Failure to report an accident could result in disciplinary action. Interns employed by GDPH will be covered under the GDPH Compensation Law

If the intern uses a personal vehicle, proof of liability insurance is required by the GDPH DI and must be kept on file in the internship program office.

Injury or Illness in Facility for Supervised Practice

All job-related dietetic internship illness or injuries, including those involving operation of state, county or personal vehicles on official business must be reported to the intern's supervisor and the preceptor for the rotation as soon as possible. If the injured intern does not report the incident to the immediate supervisor within 30 days, coverage may be jeopardized. Upon receipt of a report of a job/dietetic internship related injury or illness, the supervisor must immediately complete and transmit the Employee's First Report of Injury Form; Worker's Compensation Form No. WC - 1.

Workers Compensation

Workers' Compensation may provide benefits in the event you incur a work-related injury or occupational disease. If you are injured on the job, no matter how minor the injury, you should report it as promptly as possible to your supervisor.

Injured employees may choose to receive weekly Workers' Compensation for the compensable injury or disease, or they may use accumulated leave. If you elect to accept Workers' Compensation, you must notify your department in writing that you have decided to use this option. Otherwise, it will be presumed that you have elected to use accrued leave. If you have any question concerning Workers' Compensation, contact your personnel officer or:

Department of Administrative Services Workers' Compensation
Capitol Hill Station Atlanta, Georgia 30334
(404) 656-6245

Drug Test and Criminal Background Test

- a. All GDPH employees must have a drug test and criminal background test as a condition of employment.
- b. Interns who participate in this program are assigned to off-site clinical and food service facilities. They may be required to obtain a criminal background check before attendance is permitted. A drug screen may also be required by some facilities. Interns are responsible for expenses related to facility required background checks and drug testing.
- c. Some facilities have specific requirements and vendors for background checks and drug screening. The Program Director will notify the intern of the requirements of their respective rotation sites.
- d. The intern is responsible for completing the requirements of the rotation facility prior to the start date of the rotation.
- e. The GDPH DI will support the facility if they reject an intern whose criminal background check and/or drug screen raises any concern.

Meals and Parking Costs at Facilities

Interns follow the policies of each rotation site in regard to meal and parking costs. These policies vary with the facility. Parking fees and meals during internship rotations are the intern's responsibility.

Educational Purpose

Supervised practice is for educational purposes only and is not intended to replace facility employees, except as planned to demonstrate competence/planned learning experiences. Dietetic intern supervised practice experiences will adhere to competency attainment as described in the curriculum and work assignments for the purpose of education, i.e., mastery of techniques and reinforcing knowledge. All preceptors are to adhere to the rotation schedules and learning activities as provided by the program director.

Grievances/Complaints from Interns and Preceptors

This policy exists to define how the GDPH DI files and handles grievances/complaints from interns and preceptors to prevent retaliation

- a. When an intern has a grievance it should first be reported to the rotation preceptor. The second course of action is to bring it to the attention of the GDPH Internship Director. If the director deems it appropriate a meeting will be arranged with the preceptor, the intern and the Dietetic Internship Director. If the matter remains unresolved to the satisfaction of the intern, the next step is to bring the grievance to the attention of the GDPH Nutrition Unit Manager. If the Nutrition Unit Manager deems it appropriate, a meeting will be arranged with the intern, the Dietetic Internship Director and the Nutrition Unit Manager. If the grievance again remains unresolved, the matter will be brought to the Deputy Director of Programs for the Nutrition and WIC unit of the Maternal and Child Health Program of the Department of Public Health.
- b. If a preceptor needs to file a grievance regarding the GDPH DI staff, they should first bring it to the attention of the Internship Director. The second course of action is to bring the grievance to the attention of the GDPH Nutrition Unit Manager. If the Nutrition Unit Manager deems it appropriate, a meeting will be arranged with the preceptor, the Dietetic Internship Director and the Nutrition Unit Manager. If the grievance cannot be resolved, the preceptor can meet with the Deputy Director of Programs for the Nutrition and WIC unit of the Maternal and Child Health Program of the Department of Public Health.
- c. Interns should submit complaints directly to ACEND only after all other options through the GDPH DI have been exhausted.
- d. The GDPH DI will maintain a record of all intern complaints related to the ACEND accreditation standards, including the resolution of complaints for a period of five years.
- e. The GDPH DI will allow inspection of complaint records during on site evaluation visits by ACEND.

Filing Complaints with the Accreditation Council for Education in Nutrition and Dietetics

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) will review complaints that relate to a Dietetic Internship program's compliance with accreditation standards. ACEND is interested in the sustained quality of continued improvement of dietetics education programs, but does not intervene on behalf of individuals in matters of admission, appointment, promotion, or dismissal of faculty, staff, or interns. A copy of

the accreditation standards and/or ACEND's policy and procedure for submission of complaints may be obtained by contacting ACEND at:

The Accreditation Council for Education in Nutrition and Dietetics
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
1-800-877-1600 Ext. 5400

Credit for Prior Experience

The GDPH DI does not allow exemption from any dietetic internship rotations, supervised practice hours, or assignments because of prior education courses or work experiences.

Extension of Internship

An intern may request an extension of time beyond the twelve months allotted for the internship for hardship cases. Examples of hardship include, but are not limited to: illness of intern, illness or death of family member, personal problems. The following procedures must be followed:

- Intern submits a written request for an extension of time to the program director.
- A committee comprised of the DI Director, DI management team, and preceptor will review the request.
- The intern will be notified of the decision of the committee.

Remediation, Probation and Termination

a. Remediation

If the Internship Director and Preceptor judge that the intern has not met core competencies for dietitians at the end of any rotation, they may request that the intern do remedial work and/or repeat the rotation.

- Interns may be placed on probation during a rotation if the preceptor and Internship Director judge that adequate progresses toward core competencies are not being met.
- Interns may be placed on probation during a rotation if the preceptor and/or Internship Director determine that the intern is failing to maintain professional behavior and/or academic integrity.
- A written summary will be placed in the intern's file.
- The preceptor and/or the Internship Director will identify specific educational activities and supplemental resources to aid the intern in remediation
- Competence of the intern during or at the end of this remedial experience is evaluated before an intern is allowed to move into the experiences of the next rotation.
- If the intern does not meet the criteria for completion of experiences and attainment of identified competencies, he or she will be given the opportunity to repeat the rotation or counseled out of the Dietetic Internship Program.

b. Probation

Interns who are not performing at a competent level and/or are failing to maintain professional behavior and/or academic integrity may be placed on probation. The internship director, internship management team, and preceptor may initiate the request for probation. The following procedures must be followed.

- A written request to place an intern on probation will be submitted to the Internship Director. The request must contain the following:
 - 1) Specific violations of internship policy/procedures and/or examples of failure to perform competently along with appropriate documentation.
Examples:
 - Two preceptor evaluations indicate that the performance in a significant area is less than satisfactory in the rotation evaluation report.
 - Failure to show up to a rotation facility without contacting the preceptor
 - Plagiarism is observed on the submission of internship work
 - 2) Terms of probation.
 - 3) Consequences for failure to meet terms of probation.

The Internship Director will review the request and allow or disallow the probation. Interns with minimal chances of success in the program should be counseled into career paths that are appropriate to their ability.

The intern will be notified of the probation. If the intern fails to meet the terms of the probation at any time during the probation period, the intern may be counseled out of the program.

c. Disciplinary Action

Disciplinary action is for the purpose of calling to the attention of the intern the need to correct, improve or change behavior or productivity. The degree of discipline applied will be consistent with the necessity of corrective behavior change rather than inflict punishment for unsatisfactory behavior. Records of Progressive Disciplinary action are kept in the intern file and in a locked file cabinet.

Examples of unsatisfactory behavior that may warrant disciplinary action and/or dismissal include: failure to maintain quality or quantity of work required; excessive absenteeism and tardiness; failure to maintain appropriate or professional standards of dress or hygiene; disclosing confidential information; and inability to meet internship requirements.

Guideline for Progressive Disciplinary action steps:

1. Verbal warning with counseling
2. Written reprimand with counseling
3. Written warning of dismissal
4. Dismissal

Grounds for immediate dismissal may include but are not limited to mistreatment of patients, clients, preceptors, facility staff, other interns or the public; drug or alcohol use during internship or working hours; deliberate or willful violation of instructions or safety rules and plagiarism.

d. Termination

- The training facility may refuse educational access to its facilities, thus terminating any intern who does not meet and maintain employee standards for safety, health, ethics and behavior.
- Cause for dismissal from the district health department may also result in notice of termination from the Dietetic Internship Program.
- Maintaining GDPH Employment
 - 1) Interns must remain employed at their current place of employment from the time of acceptance until completion of the internship. Employment will then continue according to the signed contractual agreement.
 - 2) Failure to remain employed with the originating facility can result in termination of the internship position. This policy supports the professional ethics of the Academy of Nutrition and Dietetics and the Georgia Board of Examiners of Licensed Dietitians.
- Written notification will be given to interns about their deficits in the Dietetic Internship Program. The notice of termination will include information about grievance procedures.

Problem Solving Skills and Challenges

The internship may present some problems therefore; interns must be able to resolve problems and conflicts when they occur. There will not be perfect days. On top of a heavy load of work, you will face challenges and people who are not always operating at their best and conflicts may occur as a result. Learning to resolve problems with people is crucial to being a great professional. It is how you choose to resolve the problems that will make you a winner in the situation. It is important to be flexible and know that you will face many situations which may rearrange your plans and schedule. That is part of the internship; learning to work in real situations.

Code of Ethics

The Academy of Nutrition and Dietetics and its credentialing agency, the Commission on Dietetic Registration, believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to dietetics practitioners in their professional practice and conduct. Dietetics practitioners have voluntarily adopted a Code of Ethics to reflect the values and ethical principles guiding the dietetics profession and to outline commitments and obligations of the dietetics practitioner to client, society, self, and the profession.

The Ethics Code applies in its entirety to members of the Academy of Nutrition and Dietetics who are Registered Dietitians (RD's) or Dietetic Technicians, Registered (DTR's). Except for aspects solely dealing with membership, the Code applies to all RD's and DTR's who are not members of the Academy of Nutrition and Dietetics. All of the aforementioned are referred to in the Code as "dietetics practitioners." By accepting membership in the Academy of Nutrition and Dietetics and/or accepting and maintaining Commission on Dietetic Registration credentials, members of the Academy of Nutrition and Dietetics and the Commission on Dietetic Registration credentialed dietetics practitioners agree to abide by the Code.

Principles:

1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.
2. The dietetics practitioner practices dietetics based on scientific principles and current information.
3. The dietetics practitioner presents substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
4. The dietetics practitioner assumes responsibility and accountability for personal competence in practice, continually striving to increase professional knowledge and skills and to apply them in practice.
5. The dietetics practitioner recognizes and exercises professional judgment within the limits of his/her qualifications and collaborates with others, seeks counsel, or makes referrals when appropriate.
6. The dietetics practitioner provides sufficient information to enable clients and others to make their own informed decisions.
7. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his/her ability to guarantee full confidentiality.
8. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
9. The dietetics practitioner provides professional services in a manner that is sensitive to cultural differences and does not discriminate against others on the basis of race, ethnicity, creed, religion, disability, sex, age, sexual orientation, or national origin.
10. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
11. The dietetics practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, interns, professional association memberships, awards, or scholarships. The dietetics practitioner makes all reasonable effort to avoid bias in any kind of professional evaluation of others.
12. The dietetics practitioner is alert to situations that might cause a conflict of interest or have the appearance of a conflict. The dietetic practitioner provides full disclosure then a real or potential conflict of interest arises.
13. The dietetics practitioner who wishes to inform the public and colleagues of his/her services does so by using factual information. The dietetics practitioner does not advertise in a false or misleading manner.

14. The dietetics practitioner promotes or endorses products in a manner that is neither false nor misleading.
15. The dietetics practitioner permits the use of his/her name for the purpose of certifying that dietetics services have been rendered only if he/she has provided or supervised the provision of those services.
16. The dietetics practitioner accurately presents professional qualifications and credentials.
 - a. The dietetics practitioner uses Commission on Dietetic Registration awarded credentials (“RD” or “Registered Dietitian”; “DTR” or “Dietetic Technician, Registered”; “CSP” or “Certified Specialist in Pediatric Nutrition”; “CSR” or “Certified Specialist in Renal Nutrition”; and “FAND” or “Fellow of The Academy of Nutrition and Dietetics”) only when the credential is current and authorized by the Commission on Dietetic Registration. The dietetics practitioner provides accurate information and complies with all requirements of the Commission on Dietetic Registration program in which he/she is seeking initial or continues credentials from the Commission on Dietetic Registration.
 - b. The dietetics practitioner is subject to disciplinary action for aiding another person in violating any Commission on Dietetic Registration requirements or aiding another person in representing himself/herself as Commission on Dietetic Registration credentialed when he/she is not.
17. The dietetics practitioner withdraws from professional practice under the following circumstances:
 - a. The dietetics practitioner has engaged in any substance abuse that could affect his/her practice;
 - b. The dietetics practitioner has been adjudged by a court to be mentally incompetent;
 - c. The dietetics practitioner has an emotional or mental disability that affects his/her practice in a manner that could harm the client or others.
18. The dietetics practitioner complies with all applicable laws and regulations concerning the profession and is subject to disciplinary action under the following circumstances:
 - a. The dietetics practitioner has been convicted of a crime under the laws of the United States, which is a felony or misdemeanor, an essential element of which is dishonesty, and which is related to the practice of the profession.
 - b. The dietetics practitioner has been disciplined by a state, and at least one of the grounds for the discipline is the same or substantially equivalent to these principles.
 - c. The dietetics practitioner has committed an act of misfeasance or malfeasance, which is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
19. The dietetics practitioner support and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the

public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting alleged violations of the Code through the defined review process of the Academy of Nutrition and Dietetics and its credentialing agency, the Commission on Dietetic Registration.

Statement of Equal Opportunity

The program adheres strictly to the anti-discrimination policy of the Georgia Department of Public Health. Interns of the Dietetic Internship program are subject to the provision of the federal civil rights, equal employment, vocational rehabilitation/handicapped, equal pay and age discrimination based on race, sex, color, religion, physical or mental handicap, national origin, age or political affiliation.

Standards of Professional Behavior

Interns are exposed to the code of ethics and the guidelines for professional conduct of the Academy of Nutrition and Dietetics (AND) in their orientation to the program.

Interns are expected to adhere to the following guidelines:

1. Interns will not disrupt the operation of the cooperating facility.
2. Interns are expected to dress and conduct themselves in a professional manner for each facility. Standards are set by the facility and/or preceptor and should be communicated to the intern at the beginning the rotation.
3. The institution reserves the right to adjust intern's experience if conduct and/or dress do not meet standards.
4. The number of interns assigned to a facility, intern schedules, and objectives will be determined in cooperation with the cooperating department supervisor.
5. Interns will be provided an orientation to the cooperating facility including employee dress, confidentiality, human rights, ethical considerations, and liability.
6. Interns will function within the organizational framework of the cooperating facility; policies and procedures for the institution will be available to the interns.
7. The cooperating facility has the right to withhold use of the facility for failure to follow its policies and procedures as well as accepted standards for health and behavior.
8. Transportation to cooperating facilities is the responsibility of the individual intern.
9. Work hours may vary from rotation to rotation and within rotations so it is important for interns to be flexible. Preceptors should communicate expectations to the intern at the beginning of the rotation and provide updates as necessary.

2012 Core Competencies for the RD

1. Scientific and Evidence Base of Practice: Integration of scientific information and research into practice

CRD 1.1: Select indicators of program quality and/or customer service and measure achievement objectives

CRD 1.2: Apply evidence-based guidelines, systematic reviews and scientific literature (such as the Academy's Evidence Analysis Library and Evidence-based Nutrition Practice Guidelines, the Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetics practice

CRD 1.3: Justify programs, products, services and care using appropriate evidence or data

CRD 1.4: Evaluate emerging research for application in dietetics practice

CRD 1.5: Conduct projects using appropriate research methods, ethical procedures, and data analysis

2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice

CRD 2.1: Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Dietetics Practice and Code of Ethics for the Profession of Dietetics

CRD 2.2: Demonstrate professional writing skills in preparing professional communications

CRD 2.3: Design, implement, and evaluate presentations to a target audience

CRD 2.4: Use effective education and counseling skills to facilitate behavior change

CRD 2.5: Demonstrate active participation, teamwork, and contributions in group settings

CRD 2.7: Refer clients and patients to other professionals and services when needs are beyond individual scope of practice

CRD 2.8: Apply leadership skills to achieve desired outcomes

CRD 2.9: Participate in professional and community organizations

CRD 2.10: Establish collaborative relationships with other health professionals and support personnel to deliver effective nutrition services

CRD 2.11: Demonstrate professional attributes within various organizational cultures

CRD 2.13: Demonstrate negotiation skills

3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

CRD 3.1: Perform the Nutrition Care Process (a through e below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings

- a. Assess the nutritional status of individuals, groups, and populations in a variety of settings where nutrition care is or can be delivered
- b. Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements
- c. Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis

- d. Monitor and evaluate problems, etiologies, signs, symptoms, and the impact of interventions on the nutrition diagnosis
- e. Complete documentation that follows professional guidelines, guidelines required by the health care systems and guidelines required by the practice setting

CRD 3.2: Demonstrate effective communication skills for clinical and customer services in a variety of formats

CRD 3.3: Develop and deliver products, programs or services that promote consumer health, wellness, and lifestyle management

CRD 3.4: Deliver respectful, science-based answers to consumer questions concerning emerging health trends

CRD 3.5: Coordinate procurement, production, distribution and service of goods and services

CRD 3.6: Develop and evaluate recipes, formulas and menus for acceptability that accommodate the cultural diversity and health needs of various populations, groups and individuals

4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations

CRD 4.1: Participate in the management of human resources

CRD 4.2: Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food

CRD 4.3: Participate in public policy activities, including both legislative and regulatory initiatives

CRD 4.4: Conduct clinical and customer service quality management activities

CRD 4.5: Use current informatics technology to develop, store, retrieve and disseminate information and data

CRD 4.6: Analyze quality, financial, or productivity data and develop a plan for intervention

CRD 4.7: Propose and use procedures as appropriate to the practice setting to reduce waste and protect the environment

CRD 4.8: Conduct feasibility studies for products, programs or services with consideration of costs and benefits

CRD 4.9: Analyze financial data to assess utilization of resources

CRD 4.10: Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies

CRD 4.11: Code and bill for dietetic/nutrition services to obtain reimbursement from public or private insurers.

5. GDPH DI Core Competencies

CC 5.1: Apply principles learned in core public health and DI courses to the multidisciplinary application of public health nutrition

CC 5.2: Evaluate emerging public health research and develop evidence based solutions to current public health issues

Georgia Department of Public Health Dietetic Internship

Georgia Department of Public Health (GDPH) Dietetic Internship Program
Dietetic Intern Commitment Agreement

There are a number of important policies and procedures governing the Georgia Department of Public Health Dietetic Internship Program, all of which are equally important. However, there are a few policies that interns will need to know and commit to **upon acceptance to the program**. Your initials next to each statement below will indicate that you have read, understand, and commit to these conditions.

- _____ 1. You agree to assist your community preceptor and internship leadership in identification of potential rotation sites.

- _____ 2. You agree to comply with all policies and procedures of the internship per the handbook.

- _____ 3. You agree to commit the time necessary to successfully complete the program (the interns schedule often involves work that may require additional time beyond the twenty-four hour, i.e., meetings conferences, projects, paperwork, etc.).

- _____ 4. You agree to commit to the monetary obligation of the internship, which may include lodging expenses, travel expenses, materials and supplies.

- _____ 5. You understand that rotation schedules and sites are subject to change and that your flexibility is critical.

- _____ 6. You understand and accept that some rotation sites may be located a long distance (more than 70 miles one way) from your residence and/or work site.

- _____ 7. You agree to participate in all required meetings, trainings and conference calls.

- _____ 8. You agree to keep your supervisor informed of your schedule and progress throughout the program.

Congratulations on your acceptance into the Georgia Department of Public Health Dietetic Internship Program. Together we will work diligently to ensure your success. Please call 404-463-0742 if you have any questions.

Intern Printed Name

Intern Signature

Date

FY 2015 PUBLIC HEALTH MASTER AGREEMENT ANNEX

PROGRAM NAME: Program Description and Reporting
PROGRAM REQUIREMENTS: Requirements
PROGRAM CODE: Georgia Department of Public Health WIC Dietetic
FUNDING SOURCE: Internship
 443
 Federal

PURPOSE:

The Georgia Department of Public Health Dietetic Internship aids in recruitment and retention of public health nutritionists in Georgia. The Dietetic Internship Program's primary goal is to achieve improved health outcomes of Georgians through the promotion of quality nutrition care practice. This will be accomplished through the Georgia Department of Public Health Dietetic Internship by increasing the number of Registered and Licensed Dietitians currently employed in the district.

FUNDING REQUIREMENTS:

Restrictions:

- Funds cannot be used to support other WIC or non WIC Services.
- Indirect costs are allowable if the district has a cost allocation plan approved by the Division of Financial Services. If indirect costs are charged, the indirect costs should be applied from the General WIC grant.
- Adherence to funding guidelines and allowable costs.
 Temporary staff to cover WICCPA responsibilities while the intern is participating in internship rotations and trainings. This may include the expanded utilization of existing staff where it benefits the district in providing coverage for the intern. Offset cost of using existing qualified district staff for coverage of position **Reimbursement for travel expenses is an allowable expense at the district's discretion.** Expenses that are incurred in traveling to and from internship related activities. Such expenses include, transportation cost, mileage, subsistence, and hotel accommodations, as defined by the Georgia Department of Public Health's Travel Reimbursement Policy. Mileage shall be reimbursed at the mileage rate applicable to full-time employees. (Includes travel for the intern(s) and district staff participating in internship trainings) Other expenses intended to support the intern during the Internship such as (books, computer, resource study materials, etc.)

Deliverables:

Primary

Districts must have intern(s) participating in the Georgia Public Health Dietetic Internship for the funds to be expended.
 Submit a District letter of support and intent during the intern application process.
 Assign a preceptor meeting minimum credentialing requirements of Registered Dietitian / Licensed Dietitian (RD,LD).
 All Intern(s) and Intern Supervisors must attend trainings, workshops and continuing education programs as determined by the Georgia Public Health Dietetic Internship.
 Intern(s) Work Schedule: Intern(s) **will** participate in supervised practice hours of the internship for 24 hours per week and work in their respective jobs for 16 hours per week.
 Prior to beginning the internship, the intern/employee must sign a contract with his/her employer, e.g., District Public Health office. This affirms his/her understanding that, upon successfully completing the internship, he/she will continue to work with his/her respective Georgia Public

GEORGIA WIC PROGRAM 2016 PROCEDURES MANUAL

ANNEX 2

Health District. In the event that an intern fails to meet the terms of the contract and is required to make repayment of funds, the district is required to return all payments received to the State WIC Office.

PERFORMANCE MEASURES:

Objective: District preceptor will insure dietetic Intern(s) will complete the program in no more than 18 months or 150% time planned for completion.

Objective: District dietetic intern graduates will take the CDR Registration Examination within 90 days of receiving exam eligibility notification from the Commission on Dietetic Registration.

Objective: District dietetic program graduates will indicate working in community nutrition services in Georgia 2 years after program completion.

ALLOCATION METHOD:

Funds are allocated based on number of interns accepted into the internship from the respective district. Those districts who have no staff accepted into the program for the funding year will not receive funds. If the district has more than one intern accepted the district will receive funding for each dietetic intern accepted. Ex. One intern in District A = \$25,000. Two Interns in District B = \$50,000.

Districts will have the flexibility to determine how funds are allocated across the state fiscal year and will notify the State WIC Office with how much, if any, of the allocation they will take from July 1 — September 30th of the current year and October 1-June 30th of the following year.

REFERENCES:

- Georgia WIC Public Health Dietetic Internship Manual
<http://dph.georgia.gov/dietetic-internship>

REPORTING REQUIREMENTS: No required reporting requirements beyond accounting for funds expended.

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Georgia WIC Program GLOSSARY

999 - A food package number within the range of 900-999 that is created by a WIC District or WIC clinic; also called a "District/Clinic-Created Food Package."

AAP – American Academy of Pediatrics.

Above 50% Vendors – A vendor that derives more than fifty percent of its SNAP eligible food sales revenue from WIC food instruments, and new vendor applicants expected to meet this criterion under guidelines approved by FNS. New vendors will be assessed within six (6) months of authorization, and all vendors will be assessed annually to determine if they are an Above 50% vendor. Applicants identified as potential or actual above 50% vendors will not be authorized. Authorized vendors assessed as Above 50 % vendors will be terminated from the program unless denial of authorization for that vendor would result in inadequate participant access. Pharmacies and military commissaries are exempt from this assessment.

Acceptable Proof - Documentation reviewed by clinic staff to determine the qualification or disqualification of a WIC participant.

ADA – American Dietetic Association

ADIME - An acronym for the steps of providing and charting nutrition care. A (nutrition Assessment), D (nutrition Diagnosis), I (nutrition Intervention), and ME (nutrition Monitoring and Evaluation).

Adjunctive Eligibility - Automatic income eligibility for WIC applicants (**SNAP, TANF, and Medicaid**).

Administrative and Program Service Costs Direct and indirect costs, exclusive of food costs, which State and local agencies determine to be necessary to support Program operations.

Administrative Review – A review process offered to vendors attempting to challenge decisions made by the Program. Such

decisions include, but are not limited to, denial of authorization, disqualification, and termination of the vendor agreement. (See the Georgia WIC Program Vendor Handbook.)

Adopted Child – A child who lives with a family that has court-ordered permanent legal custody and legal responsibility for him/her.

ADP – Advance Planning Documents.

AEGIS – The State-developed automated clinic computer system.

Affiliates – A business that is related to another business, usually by being in the position of a member or a subordinate role. Two businesses may be affiliated if one has control over the other, or if both are controlled by a third company. (See the Georgia WIC Program Vendor Handbook.)

Affirmative Action Plan - That portion of the State Plan that describes how the Georgia WIC Program will be initiated and expanded within the State’s jurisdiction.

Age at Voucher Issuance – An infant’s age in months and days (based on calendar months) as of the “First Day To Use” date on each set of vouchers.

Agricultural Occupation - Employment related to the production, growth, and harvesting of commodities grown in or on land, or an adjunct to a part of a commodity grown in or on land.

ALJ – Administrative Law Judge

Allocation of Funds - The allocation of funds based on a methodology that includes an analysis of the district’s participation at the beginning of the fiscal year by WIC type, within priority. The projected amount to be spent for the total fiscal year is then calculated and, based on priorities, the Allocation Advisory Committee determines which types will be served. The allocation of administrative funds is based on an average cost per participant and is distributed to the local agencies after

state administrative costs have been deducted.

Alphabetic Client Master file – An enrollment report that lists selected participant information for all active participants.

Alternate Parent – The other parent of a child. A spouse and the biological parent can be an alternate parent.

Alternative Food Packages – Additional food package options available for homeless participants, migrants, and disaster situations.

“And Justice For All” Poster – A poster that must be displayed in a conspicuous location at each WIC Clinic site, indicating the WIC non-discriminatory clause.

Annual Training – A yearly mandatory training conducted for all WIC authorized stores to receive instruction regarding program changes and updates to policies and procedures (See the Georgia WIC Program Vendor Handbook).

Applicants – (1) Pregnant women, breastfeeding women, postpartum women, infants, and children who apply to receive WIC benefits. Applicants include individuals who are currently participating in the program but are re-applying because their certification period is about to expire. (2) An applicant is also defined as anyone deemed associated with the ownership, management or operation of the applying entity including owners, officers, partners, directors, employees, members or stockholders, registered agents, relatives by blood or marriage, heirs, assigns, as well as the immediate family of owners, officers, partners, members or stockholders or registered agents.

Authorized Supplemental Foods – Those supplemental foods authorized by the Georgia WIC Program for issuance to a particular participant.

ATVS – Automated TAD and Voucher System
Automated Termination Action - The system that automatically terminates a participant

when: a child reaches his/her fifth birthday; a non-breastfeeding woman reaches six months postpartum; a breastfeeding woman reaches twelve months postpartum from delivery; a participant fails to pickup vouchers for two full consecutive months; a participant transfers out of a clinic or district/unit; a participant is terminated from the waiting list; a pregnant woman at EDC + 75 days; and, a participant is overdue for certification. Participants are automatically terminated 45 days from the certification date.

Automatic Clearing House (ACH) – An electronic funds transfer network that enables participating financial institutions to distribute electronic credit and debit entries to bank accounts and to settle such entries.

Automatic Update of Infant to Child - The process by which the system automatically updates an infant to a child when the infant reaches his/her first birthday.

Auto Dialer System (IAS) – A system that gives health providers technology tools to remind, schedule, and call participants.

BAQ (Basis Allowance for Quarters) A housing allowance for military families living on base.

BASD – A Basic Active Service Date for someone in the military.

Batch Control Form - A three-ply form which is completed for each transmitted batch of TADs and sent to the **WIC contractor**. A completed form contains the date the batch was assembled and a four-digit sequence number assigned to the batch (cannot be duplicated within the same date). The combined date and the sequence number is the Batch Control Number. This number is printed on the computer printed TAD. The person who prepares the batch should sign and date the Batch Control Form upon completion (do not mix TADs and vouchers in a batch). The top copy of the form goes to the ADP contractor. The second and third copies

are retained by the clinic. The form is rarely used, but must be retained for emergency use.

Blank Manual Vouchers - Vouchers that require manual entry of certain information by the clinic prior to issuance. They are commonly used for issuance at times when the clinic is unable to produce VPOD vouchers.

BMI – Body Mass Index

Break in Enrollment – The period or lapse of time between a valid certification period and a subsequent certification.

Breastfeeding – Federal regulations (7 CFR § 246.2) define breastfeeding as the practice of feeding a mother’s breast milk to her infant(s) on the average of at least once a day.

Breastfeeding Women - Women who breastfeed their infant(s) up to one year postpartum. Re-lactation/induced lactation after a period of not breastfeeding, or lactation by a woman who is not the biological mother of the infant, also qualifies a mother as a breastfeeding woman.

BRFSS – Behavior Risk Factor Surveillance System.

Budget – An itemized summary of probable expenditures and income for a given period.

Calendar Year – The period of time between January 1st and December 31st.

Caregiver – The person who looks after an infant or child that they have taken into their household.

Case Worker – An individual who is certified by the Department of Family and Children Services (DFACS) to act on behalf of a guardian with legal rights given to them by the state.

Cash Income – Income that is paid in cash to an applicant/participant, usually on site, for services rendered (See “Paid Cash”).

Cash-Value/Fruit and Vegetable Voucher (CVV) – A fixed-dollar amount check, voucher, electronic benefit transfer (EBT) card, or other document that is used by a participant to obtain authorized fruits and vegetables. (See the Georgia WIC Program Vendor Handbook.)

Categorical Eligibility – A woman, infant, or child who satisfies the requirements to be eligible for participation based on meeting the definition of a *pregnant woman, breastfeeding woman, postpartum woman, infant, or child.*

Categorical Termination – Termination of a participant when he/she becomes categorically ineligible to participate. A categorical termination is initiated when: (1) a child reaches his/her fifth birthday; (2) a non-breastfeeding woman reaches six months postpartum; and, a breastfeeding woman reaches twelve months postpartum.

CDC – Centers for Disease Control and Prevention

CPA – Certified Public Accountant

Certification Period – The period of time during which a participant is eligible to receive benefits from the Program. The duration of a certification period is based on the category a participant satisfies (e.g., pregnant woman, breastfeeding woman, non-breastfeeding woman, infant, or child).

CDPHP – Chronic Disease Prevention and Health Promotion Program.

Certification – The implementation of criteria and procedures to assess and document each applicant’s eligibility for WIC.

CFO – Chief Financial Officer

Children - Children who have had their first birthday but have not yet attained their fifth birthday.

Civil Money Penalty (CMP) - A monetary penalty that can be assessed in lieu of a sanction.

Civil Rights – Rights that are guaranteed to U.S. citizens and residents by the U.S. Constitution, including civil liberties, due process, equal protection of the laws, and freedom from discrimination.

Client-Staff Ratio – The number of staff (CPA, administrative staff, and RD/LD) required for a given number of clients. The clinic-staff ratio is used for administrative purposes.

Clinic - A facility where WIC business is conducted (e.g., certification and voucher issuance).

Closeout Month – The third month (sixty days) after vouchers were issued.

Closeout Reconciliation Report – A report that is generated at the clinic level that provides the final disposition of all VPOD vouchers.

CMIA – Cash Management Improvement ACT

Coding of Records - Documenting special codes on records for special treatment for applicants/participants.

Collections - Repayment of WIC funds that were fraudulently obtained. Repayment of a collection must be paid in the form of a cashier's check or money order.

Communal Feeding - Group meals or food supplies.

Competent Professional Authority (CPA) – An individual on the local agency staff who is authorized to determine nutritional risk and prescribe supplemental foods. The following individuals may be authorized and trained to serve as a CPA: physicians, nutritionists (Bachelor's or Master's degree in a nutrition field and has earned a verification statement of completion from an Academy of Nutrition

and Dietetics Accreditation Council on Education in Nutrition and Dietetics accredited program), registered dietitians, licensed dietitians, registered nurses, LPNs, and physician assistants (certified by the National Committee on Certification of Physicians Assistants or certified by the State medical certifying authority), or State or local medically trained health officials. This definition also applies to an individual who is not on the local agency staff, but who is qualified to provide data upon which nutritional risk determinations are made by a CPA on the staff of the local agency.

Computer-Generated Vouchers - Vouchers that contain a specific food package and are individually tailored to meet each participant's nutritional needs. These vouchers are produced by the ADP contractor and contain information based on the TAD submitted by the clinic. District/Clinic identification numbers are also printed on the vouchers. Since the inception of VPOD, these vouchers are rarely used. A contractor must retain the ability to produce such vouchers in case of an emergency.

Computer-Printed Voucher Register – A listing of participants who receive computer-generated vouchers during a cycle. The register provides space for the participant's signature upon distribution of such vouchers.

Computing Income – A review of documents (e.g., check stubs, IRS forms, etc.) to determine the income eligibility of the WIC applicant/participant.

Confidential Information – Information about an applicant, participant, or authorized vendor that cannot be disclosed, or that only may be disclosed in specific instances, as outlined in the Federal regulations (7 CFR § 46.26).

Contract Brand Infant Formula – All infant formula (except exempt infant formulas) produced by the manufacturer awarded the infant formula cost containment contract.

Corporate Vendor – A WIC authorized vendor that is owned by a corporate entity. A corporate vendor can be a publicly or privately owned corporation or a limited liability company (LLC). (See the Georgia WIC Program Vendor Handbook.)

Cost Containment Measure – A competitive bidding, rebate, or direct distribution system implemented by a State agency as described in its approved State Plan of operations and administration.

Court Order – A decision issued by a judge in a matter that affirms or reverses an action taken, or directs a party to either do or refrain from an act.

Covert Compliance Investigation or Compliance Buy - An onsite investigation in which a WIC Program representative poses as a participant, parent or caretaker of an infant or child participant, or a proxy, to transact one or more food instruments, and does not reveal his or her identity during the course of the transaction (See the Georgia WIC Program Vendor Handbook).

CSC – EDP firm contracted by the State Agency to manage all computer requests and data reports.

CSFP - Commodity Supplemental Food Program administered by USDA

CPA FPC (Competent Professional Authority Food Package Code) – An umbrella term for the food package code assigned by the CPA that reflects the types and quantities of foods to be issued over a certification period. It may represent multiple internal food package codes (e.g., as in the case of infant participants who are assigned one CPA FPC but who are transitioned through multiple internal food packages with varying quantities of formula and supplemental foods from birth through age 11 months without making any change to the CPA FPC).

Cumulative Unmatched Redemption (CUR) Redeemed manual vouchers that have not

matched to either an issuance record (Part 1) or with a valid client ID number or valid certification. Local agencies are required to review the redeemed vouchers appearing on the CUR reports. The vouchers must be reconciled with the data processor, or a manual reconciliation must be done, depending on how much time has elapsed since the voucher was issued.

CUR Part 1 - Cumulative Unmatched Redemptions that have not been matched to an issuance record.

CUR Part 2 - Cumulative Unmatched Redemptions that have not been matched to a valid certification record or valid WIC ID number.

Customized Training – Training that vendors can request to suit their specific training needs (See the Georgia WIC Program Vendor Handbook.)

Days – Calendar days, unless otherwise noted (See the Georgia WIC Program Vendor Handbook.)

Day Worker – An individual who contracts for labor or services on a daily basis.

DCH – Department of Community Health

DPH – Department of Public Health.

Declination Statement Forms – A form that is used to document an applicant's or a participant's refusal to want to register to vote.

Delivery – The act of transferring a product from a seller to its buyer outside the confines of the retail food establishment.

Delivery Date – The date of actual delivery of an infant (or the date the pregnancy ended for a postpartum woman).

Disability – A physically incapacitating or disabling condition that prevents or restricts normal accessibility or activity (e.g., visual and hearing impaired individuals).

Discrimination - The act of treating someone differently on the basis of that individual's race, religion, ethnicity, national origin, age, physical ability, gender, or sexual orientation.

Disqualification – The act of ending the Program participation of a participant, authorized food vendor, or authorized State or local agency, whether as a punitive sanction or for administrative reasons (e.g. termination of vendors from Georgia WIC for program violations.).

District / Clinic-Created Food Package or Voucher Code – A food package number or voucher code that is within the range of 900-999; also called a “999” food package or voucher code.

DHS – Department of Human Services

DMA - Division of Medical Assistance

DPM – Division of Payment Management

DOAS – Department of Administrative Services

DOD - Department of Defense

DOL – Department of Labor

Dual Participation Report – A report that identifies possible dual participants in alphabetic sequence. All participants listed on this report must be investigated by the local agency, the results of which must be submitted to the Georgia WIC Program.

Dual Participation - WIC participants who receive benefits twice in the same clinic or from more than one clinic at the same time.

EBT - Electronic Benefit Transfer

Economic Unit- a member of a family and/or household who has its own verifiable source of income. Members of the same economic unit may or may not live in the same dwelling. All members within the economic unit

may be, but are not necessarily biologically related to one another.

EDC (Estimated Date of Confinement) - The date of expected delivery for a pregnant woman.

Education Level – The highest level or grade completed for women participants only.

Enrollee – A client who is active and in a valid certification period, but did not receive vouchers during the reporting month.

Equipment Inventory – A detailed listing of all computer equipment or property purchased with WIC funds and valued at a minimum of \$1,000.00.

EDP – Electronic Data Processing

ETAD – Electronic Turn Around Document

EVOC (Electronic Verification of Certification) - Produced by computer interface with the GWISnet masterfile, EVOC is an electronic system for documenting the issuance of verification of certification. EVOC cards do not require inventories.

Exclusively Breastfed (EBF) – A classification for infants who are exclusively fed breast milk and, therefore, do not receive infant formula from WIC.

Exclusively Breastfeeding (EBF) – A feeding method classification for woman who exclusively breastfeed, and whose infant does not receive infant formula from WIC.

Exempt Infant Formula – An infant formula that meets the requirements for an exempt infant formula under section 412(h) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 350a(h)) and the regulations at 21 C.F.R. parts 106 and 107.

Fair Hearings – A hearing procedure through which an individual can appeal a decision or action by the State or local agency which results in the individual's denial of

participation, suspension, or termination from WIC.

Family – A group of related or non-related individuals who are living together as one economic unit, except residents of a homeless facility or an institution.

Department of Family and Children Services (DFCS) – A state government agency that is responsible for the welfare of children.

Family Size – The total number of individuals in a family unit, whether related or unrelated (See the definition of “Family”).

Federal Mandatory Sanction – A sanction required by federal law for a vendor’s violation of the WIC Vendor Agreement or the laws, regulations, rules, and policies governing the WIC program, imposed pursuant to 7 C.F.R. 246.12(l) (1).

Fiscal Year - WIC operates under the constraints of both the Federal Fiscal Year (October 1st through September 30th) and the State fiscal year (July 1st through June 30th).

First date of use – The first date on which a food instrument may be used to obtain supplemental foods.

FMS – Financial Management System

FNS - Food and Nutrition Service of the United States Department of Agriculture

Food Delivery System – The method used by State and local agencies to provide supplemental foods to participants.

Food Costs – The costs of supplemental foods.

Food Instrument – A voucher, check, electronic benefits transfer (EBT) card, coupon or other document that is used by a participant to obtain supplemental foods.

Food Package I – A Federal food package designation for infants from birth to <6 months of age who do not qualify for Food Package III.

Food Package II – A Federal food package designation for infants from 6 months to <12 months of age who do not qualify for Food Package III.

Food Package III – A Federal food package designation for medically fragile women, infants, and children with qualifying medical conditions who are prescribed special formulas/medical foods.

Food Package IV – A Federal food package designation for children ages one to five years who do not qualify for Food Package III.

Food Package V – A Federal food package designation for pregnant and mostly breastfeeding women who do not qualify for Food Package III.

Food Package VI – A Federal food package designation for non-breastfeeding postpartum women and women breastfeeding some who do not qualify for Food Package III.

Food Package VII – A Federal food package designation for exclusively breastfeeding women (single or multiple infants), women pregnant with multiple fetuses, and women mostly breastfeeding multiples who do not qualify for Food Package III.

Food Sales – The sales of all eligible foods under the Supplemental Nutrition Assistance Program (SNAP) that are intended for home preparation and consumption, including meat, fish, and poultry; bread and cereal products; dairy products; fruits and vegetables. Food items such as condiments and spices, coffee, tea, cocoa, and carbonated and non-carbonated drinks may be included in food sales when offered for sale along with foods in the categories identified above. Food sales do not include sales of any items that cannot be purchased with SNAP benefits, such as hot foods or food that will be eaten in the store. (See the Georgia WIC Program Vendor

Handbook).

Food Sales Establishment License – A license granted by the Georgia Department of Agriculture which permits the retail food vendor to sell food items. (See the Georgia WIC Program Vendor Handbook).

Form#1 – A Medical Documentation Form for WIC Special Formulas and WIC-Approved Foods. This form is used to provide medical documentation for standard infant formulas that require medical documentation (e.g., Similac Sensitive), exempt infant formulas and medical foods, as well as any WIC supplemental foods issued to clients prescribed such products.

Form#2 – A Referral Form and Medical Documentation Form for Special Food Substitutions. This form is used to provide medical referral data and/or to authorize special milk substitutions for women and children.

Foster Care - A program that provides temporary substitute homes for children whose families cannot provide a safe and nurturing environment for them.

Foster Child - A child who is placed by a State agency or a court in the care of someone other than his or her natural parents.

Fraud – An intentional deception.

FReD – The Functional Requirement Document for computer changes.

Full Nutritional Benefit – The maximum amounts of WIC supplemental foods allowed.

Fully Formula Fed (FFF) - A classification for infants who receive the full formula package and are breastfed less than an average of once every 24 hours.

GAAP – Georgia Chapter American Academy of Pediatrics

Georgia WIC Program – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) for which administration is delegated to the Georgia Department of Public Health.

GPAN – Georgia Coalition for Physical Activity and Nutrition

GPHA – Georgia Public Health Association

GRITS – Georgia Registry of Immunization Transactions and Services

Grant Award (Formula Grant/Grant Allocation) - Total (food and administrative) dollars allocated to the State for the Federal Fiscal Year based on funding formula.

Guardian - An individual who has been given legal responsibility for a minor child.

GWIS (Georgia WIC Information System) A desktop reporting system that contains all of the monthly and quarterly reports produced by the State's data processing contractor as well as custom client reports.

GWISnet – Georgia WIC Information System Network

GUI – Graphic User Interface

Health Services - Ongoing, routine pediatric and obstetric care (such as infant, children, prenatal and postpartum examinations), or referral for treatment.

Height - Vertical length (depending on the age) of a participant to the nearest eighth inch.

Hematocrit – Hematological measurement used to screen for nutritional risk of anemia.

Hemoglobin - Hematological measurement used to screen for nutritional risk of anemia.

HN2 (Healthnet2) - An Automated Computer clinic/System used in D/U 10-0.

High-Risk Vendor – A vendor that is

identified as having a high probability of committing a vendor violation through application of the criteria established in 7 CFR § 246.12(j)(3) and any additional criteria as established by Georgia WIC (See the Georgia WIC Program Vendor Handbook).

HIPAA (Health Insurance Portability and Accountability Act) – A federal law that provides protections for the privacy of individually identifiable health information held by covered entities and their business associates. It also balances the confidentiality provisions of the Patient Safety Act, which provides federal protections for identifiable health information, so as to allow for the disclosure of such information needed for patient care and other purposes.

HMO – Health Maintenance Organization

Home Visit Certification – Certifications that are conducted in an applicant's/participant's home.

Homeless Individual – A woman, infant, or child who lacks a fixed and regular night time residence, or whose primary night time residence is: a supervised publicly or privately operated shelter (including a welfare hotel, a congregate shelter, or a shelter for victims of domestic violence) designated to provide temporary living accommodation; an institution that provides a temporary residence for individuals intended to be institutionalized; a temporary accommodation in the residence of another individual; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless Facility – A supervised publicly or privately operated shelter (including a welfare hotel or congregate shelter) designed to provide temporary living accommodations; a facility that provides a temporary residence for individuals intended to be institutionalized; or, a public or private place not designed for, or normally used as, a regular sleeping accommodation for human beings.

Hospital Certification - Reviewing hospital documentation for eligibility of applicants/participants for receipt of WIC services and benefits.

Hotline – A phone line designated for WIC applicants/participants to request WIC services or to place a complaint or discuss discriminatory matters.

How to File a Complaint Flyer – A flyer that is given to applicants/participants at the service delivery point that advises them of their right to file a complaint, how to file a complaint, and the complaint process.

ICD-9 / ICD-10 Codes – Medical diagnostic coding system from the *International Classification of Diseases, 9th Revision / 10th Revision*.

ICIV – Internet Check Image Viewer

Identification – A valid picture ID or other valid ID, such as a Driver's License, Birth Certificate, Immunization record, etc.

ILSI – International Life Science Institute

Immigrant – A person who leaves one country to settle permanently in another.

Immunization - Vaccines that are given to children to help them develop antibodies as protection against specific infections.

Inadequate Participant Access - Condition that exists when the distance between authorized WIC vendors is ten (10) miles or more.

Incident/Complaint Form – A Form used to document complaints or incidents from participants, vendors, USDA, etc.

Income - Gross cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc.

Income Exclusion - Income or benefits received that are not counted as income.

Income Inclusion - Monetary compensation received for services rendered, including wages, salary, commissions or fees that are counted as income.

Income Tax Form – A legal statement of earnings and deductions, as prescribed by the IRS Tax Codes.

Ineligible – Not eligible to receive Georgia WIC Program benefits on the basis of residency, category, income or nutritional risk

Infant – Participants from birth to less than 12 months of age.

Infant Feeding Type – A Georgia WIC Program designation used to classify an infant feeding method. The Infant Feeding Type classifications are: Exclusively Breastfed (EBF), Mostly Breastfed (MBF), Some Breastfeed (SBF), and Fully Formula Fed (FFF).

Infant Food Fruit and Vegetables – Jars of baby food fruits and vegetables issued to infant participants.

Infant Meat – Jars of baby food meat issued only to Exclusively Breastfed infant participants.

Infant Formula – A food which purports to be or is represented for special dietary use solely as a food for infants by reason of its simulation of human milk or its suitability as a complete or partial substitute for human milk.

Infant Mid-Certification Nutrition Assessment – An assessment that is completed on infant participants who are between five and seven months of age. The infant's weight, height, nutritional practices, nutritional risk, and food package needs are evaluated during this assessment. This assessment ensures accessibility to quality health care services.

Initial Contact Date – The date an applicant first visits or calls the WIC clinic to request WIC benefits.

Institution – A residential facility designed to provide meals and living accommodations for individuals intended to be institutionalized but excludes private residences or homeless facilities.

Institutionalize - Reside in, by choice or otherwise, an established residential facility that provides accommodations and meals.

Internal Food Package Code (Internal FPC)
The system food package codes used within a CPA FPC for the computer system to automatically transition the participant between different food packages based on the infant participant's age or on the special food package situation (such as a woman exclusively breastfeeding multiple infants).

Interpreter - Someone who converts one spoken language into another.

Interview Script - Provides WIC applicants/participants with general WIC information.

Inventory – Supplemental foods in stock, received, and issued.

Inventory Audit – The examination of food invoices or other proofs of purchase to determine whether a vendor has purchased sufficient quantities of supplemental foods to provide participants the quantities specified on food instruments redeemed by the vendor during a given period of time (See the Georgia WIC Program Vendor Handbook).

Issue Month – The month in which voucher's "First Day To Use" date appears.

Joint Custody - A court order allowing parents to share joint custody of a child. In such instances, a child shall be considered part of the household of the parent who is applying on behalf of the child.

LASP – Local Agency Special Project

Last Date of Use - The last date on which the food instrument may be used to obtain authorized foods (See the Georgia WIC Program Vendor Handbook).

Late Entry – Missing documentation added to WIC records received from another clinic.

LQA - Living Quarter Allowance for military applicant/participant living off base.

Leave and Earnings Statement (LES) – Military paycheck stub.

Legal Custody - Court ordered custody of a person.

LEP - Limited English Proficient

Letter of Household Income – A statement attesting to household income by wage earner(s).

Local Agency - A public or private, nonprofit health or human service agency that provides health services, either directly or through contract.

Logger – An individual whose primary employment is the seasonal harvesting of trees; and, for such work, establishes temporary residence.

Manual Voucher Inventory Log - Documentation that vouchers are inventoried on a weekly and monthly basis.

MDF – Medical Documentation Form

MDS – Minimum Data Set

Medical Care Start Date – The month of pregnancy in which woman begins receiving prenatal care.

Medical Diagnosis – Identification of a disease or condition by a scientific evaluation of physical signs, symptoms, history, laboratory test results, and procedures; the translation of data gathered by clinical

evaluation into an organized, classified definition of the conditions present; can only be provided by a health care provider with prescriptive authority in the State of Georgia for use by the Georgia WIC Program.

Medical Documentation – Medical information provided by a health care provider with prescriptive authority in the State of Georgia; documents the medical need for and authorizes the use of special formulas, medical foods, special milk substitutions, and WIC supplemental foods that are not contraindicated by the participant’s medical condition; can only be signed by physicians, physician assistants, or nurse practitioners.

Members of Populations - Persons with a common special need who do not necessarily reside in a specific geographic area, such as off-reservation Indians or migrant farm workers and their families.

Memorandum of Agreement – A written operational agreement between the State of Georgia and the Health District or local agency where WIC services are delivered.

MIER (Monthly Income and Expense Report) - An itemized summary of all WIC expenditures reported monthly by each local agency.

Migrant Farm Workers – An individual whose principal employment is in agriculture on a seasonal basis, who has been so employed within the last 24 months, and who establishes, for the purposes of such employment, a temporary abode.

Migrant - Seasonal farm or agricultural worker or family member who travels from place to place for the purpose of work and such work requires the establishment of temporary residence.

Minimum Inventory – Required inventory that all vendors must carry daily, including, but not limited to, fruits and vegetables, and whole grains. Pharmacies are exempt from keeping

minimum inventory (See the Georgia WIC Program Vendor Handbook.)

Minimum Inventory Requirement Waiver A waiver that is granted to reduce the minimum inventory when a WIC vendor has difficulty selling WIC food items.

M&M (Mitchell and McCormick) – A privately developed automated clinic computer system.

Mostly Breastfed (MBF) – A classification for infants who receive formula from WIC that does not exceed the maximum monthly formula allowance for a Mostly Breastfed infant (up to approximately half the amount of formula issued to a Fully Formula Fed [FFF] infant).

Mostly Breastfeeding (MBF) - A feeding method classification for breastfeeding woman whose infant receives a Mostly Breastfed food package.

Mother / Baby Breastfeeding Dyad – The process of thinking of a mother and her infant as a single unit or pair instead of as two separate individuals for the purposes of assigning food packages and feeding methods. An infant and mothers food package is assigned based on the frequency a mother breastfeeds and the amount of supplemental formula needed for the infant.

Motor Voter Act - Act that mandates WIC's obligation to offer voter registration opportunities to anyone entering a clinic for WIC benefits.

Motor Voter Forms - Form issued to applicants who wish to register to vote.

Native American - Original inhabitants of America; an American Indian.

Netsmart – Privately developed automated clinic computer system used in D/U 03-5.

Natural Disaster – An occurrence in nature causing wide spread destruction (e.g., tornado, flood, hurricane, etc.)

No Proof Form – The form used when an applicant for WIC cannot provide documented proof of identification, residence or income.

Non-Breastfeeding - A feeding method classification for a postpartum woman who is not breastfeeding an infant.

Non-Contract Brand Infant Formula – All infant formula, including exempt infant formula, that is not covered by an infant formula cost containment contract awarded by the State agency and is not subject to rebates.

Non-Participation – A participant in a valid certification period who does not pick up (manual or computer) vouchers.

Non-Discrimination Statement – A statement used to ensure compliance with the law not to discriminate on the basis of race, color, national origin, sex, age or disability.

Non-English Speaking - Individual whose primary language is not English or who speaks little English.

Non-profit Agency – A private agency that is exempt from income tax under the Internal Revenue Code of 1954, as amended.

Non-WIC Inventory – Food items that are not a part of the WIC minimum inventory or the WIC Approved Foods List (See the Georgia WIC Program Vendor Handbook).

NPM – National Performance Measure

NSA – Nutrition Services and Administration

NSU - Nutrition Services Unit

NTD – Neural Tube Defect

NTIWL - Notice of Termination/Ineligibility/Waiting List

Numeric Client Master file – An enrollment report, which lists all active participants by WIC ID number and by clinic within a District.

This report is a cross reference for the Alphabetic Client Master file.

Nutrition Assessment - A systematic process for obtaining, verifying, and interpreting data in order to make decisions.

Nutrition Care Process - A systematic approach to providing high quality nutrition care.

Nutrition Diagnosis - nutrition problem the dietitian is responsible to treat.

Nutrition Education - Individual or group education sessions which include the provision of information and educational materials designed to improve health status, achieve positive change in nutritional habits, and emphasize relationships between nutrition and health.

Nutrition Intervention - Actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status.

Nutrition Monitoring and Evaluation - Comparison of current findings with previous status, goals, and/or reference standards.

Nutritional Risk - Detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; other documented nutritionally related medical conditions; nutritional deficiencies that impair or endanger health; or conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

Offense or Violation – An act against the Georgia WIC Program’s rules, regulations, policies, or procedures (See the Georgia WIC Program Vendor Handbook).

OFS – Office of Financial Service

OIG - Office of the Inspector General

Overseas WIC Program - A program similar to the USDA-operated program that qualifies military persons, their dependents and government civilians for WIC benefits overseas.

Overt Monitoring or Routine Monitoring – Overt, onsite monitoring during which WIC representatives identify themselves to vendor personnel (See the Georgia WIC Program Vendor Handbook).

Parent – The mother or father of an infant or child.

Participant – A person who has been issued at least one voucher during the reporting period.

Participants – Individuals who receive supplemental foods or food instruments under the WIC Program, such as pregnant women, breastfeeding women, postpartum women, infants and children, and the breastfed infants of participant breastfeeding women (See “WIC Participant”).

Participation – The total number of persons who have received supplemental foods or food instruments during the reporting period and the number of infants breastfed by participant breastfeeding women (and receiving no supplemental foods or food instruments) during the reporting period.

Patient Flow Analysis – A tool used to analyze the time ranges for a certification, voucher issuance, appointments and challenges.

Patient Flow Form – A form used to collect data and measure patient flow from entry to exit.

Paid Cash – An applicant/participant who is paid in cash for work or services rendered (See “Cash Income”).

Pay Stub - Statement of paid income earned.

PedNSS - Pediatric Nutrition Surveillance System (PedNSS) is a national nutrition surveillance system administered by CDC.

Peer Group – Vendors’ classification assignment based on square footage, the type of store, or other USDA-approved criteria determined by the State agency.

Pharmacy Vendor – A WIC authorized vendor that is allowed to redeem only exempt or special infant formulas, including medical foods. All WIC approved Pharmacy Vendors must be licensed by the Georgia State Board of Pharmacies to provide prescription drugs and special medical foods in Georgia (See the Georgia WIC Program Vendor Handbook).

PHSO – Public Health State Office

Physical Presence – The eligibility criterion that requires an applicant for WIC benefits be present in the clinic to request WIC services unless a valid exemption is documented.

PNSS (Pregnancy Nutrition Surveillance System) - A national nutrition surveillance system administered by CDC.

P.O. Box - Post Office Box

Policy – A written document which explains procedures, principles or gives guidance.

PSP – Physician Sponsor Plan

Post Vendor Training Evaluation - Test pertaining to WIC vendor requirements given to all vendors when attending the initial and annual vendor training.

Postpartum Women - Women up to six months after termination of pregnancy.

Poverty Income Guidelines - Guidelines prescribed by the U. S. Department of Health and Human Services that adjusts the guidelines annually. These Guidelines are effective July 1 of each year for WIC.

PRAMS – Pregnancy Risk Assessment and Monitoring System

Pre Approval Visit – An on-site visit to a vendor’s retail food establishment to verify location, inventory, and all other information submitted on the vendor application (See Georgia WIC Program Vendor Handbook).

Pregnancy Outcome - Results of the just ended pregnancy for the postpartum woman participant.

Pregnant / Prenatal Women - Women determined to have one or more embryos or fetuses in utero regardless of the woman’s age.

Prenatal Weight - Prenatal woman’s weight prior to delivery.

Prescription - Written instruction provided by a physician, physician assistant, or certified nurse practitioner for administration or preparation of medicine, infant formula, or medical food. (See also “Medical Documentation”).

Prescriptive Authority – Health care provider licensed to write medical prescriptions according to State law. In Georgia, the only health care providers with prescriptive authority and who can sign medical documentation for the purposes of the Georgia WIC Program are doctors (e.g., MD, DO), nurse practitioners (e.g., NP, APRN, CNP, PNP, CPNP, CNNP, etc.) and physician assistants (e.g., PA, PA-C).

Presumptive Eligibility - Individual presumed eligible for Medicaid benefits based upon information presented.

Price Adjustment – An adjustment made by Georgia WIC, in accordance with the vendor agreement, to the purchase price on a food instrument after it has been submitted by a vendor for redemption to ensure that the payment to the vendor for the food instrument complies with Georgia WIC’s price limitations. (See the Georgia WIC Program Vendor Handbook).

Priority I - Pregnant women, breast-feeding women, and infants at nutritional need determined by measuring height/weight, a blood test and by assessing nutrition status and nutrition related medical history.

Priority II (Breastfeeding women) - Women who do not qualify under priority I but who are breastfeeding Priority I infants.

Priority II (Infants) - Infants up to six months of age born to women who were WIC participants during their pregnancy, or infants born to women who were not WIC participants during their pregnancy but had a nutritional need.

Priority III (Children) - Children under the five (5) years of age who have a nutritional need. This need is determined by measuring height/length, weight, a blood test and assessing nutrition status and nutrition related medical history.

Priority III (Postpartum) - Postpartum teenagers who are not breastfeeding and whose delivery date was prior to their being 18 years and 10 months of age.

Priority IV - Pregnant women, breastfeeding women, and infants with a nutritional need because of inappropriate nutrition practices or homeless/migrancy status.

Priority V - Children with a nutritional need because of inappropriate nutrition practices or homeless/ migrancy status.

Priority VI - Postpartum, non-breastfeeding women with a nutritional need or homeless/migrancy status.

Privacy/Privacy Rights – The condition of being secluded from view.

Procedures Manual - Document that lists Federal and State procedures for WIC.

Processing Standards - Period of time between an applicant's requesting WIC

services in person or by telephone and the time he/she receives services.

Product Yield - The number of reconstituted fluid ounces of concentrate or powdered formula per container. For example, one 12.6 oz. can of powder Similac Sensitive, when mixed at standard dilution, yields 90 fluid ounces of reconstituted formula.

Proof - Documentation that identifies ID, Residency and income.

Program - Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended.

Program Review – Audit of Local Agency.

Prorate - Partial issuance of vouchers. The most common cause for the partial issuance of vouchers is missed appointments for voucher pick up. The number of vouchers withheld depends on the number of days the participant is late picking up their vouchers.

Protective Services – DFCS program that protects the rights of children.

Proxy - Responsible person whom the participant/ parent/guardian/caregiver chooses to act on his/her behalf. A participant may designate up to two persons to act as proxies. The proxies must sign the proxy space on the participant's WIC ID card. An authorized proxy may pick up or redeem vouchers and may bring the child in for subsequent certifications, in restricted situations.

Public Comment Period – A time required by federal regulation to offer the general public the opportunity to comment on the Georgia WIC Program.

Purchase Price – A space for the purchase price to be entered on the WIC food instrument (See the Georgia WIC Program Vendor handbook).

Qualifying Medical Condition – Life-threatening disorders, diseases, or medical conditions that impair the ingestion, digestion, absorption, or utilization of nutrients that could adversely affect the client’s nutritional status. Examples include – but are not limited to – premature birth, low birth weight, metabolic disorders, gastrointestinal disorders, immune system disorders, failure to thrive (FTT), and malabsorption syndromes.

Racial Group of Participant - 1=White, 2=Black/ African American, 3=Asian, 4=American Indian/ Alaska Native, 5=Native Hawaiian/Other Pacific Islander.

RBB – Results Based Budgeting

RCCI – Residential Child Care Institution

Ready-To-Feed Formula – An infant formula or medical food that does not require the addition of water prior to consumption.

Real time – The data/information that is immediately accessible by all clinics.

Reason for Certification - Participant’s nutritional need for WIC, based on the medical/nutritional data collected at the time of certification.

Re-authorization Training – A mandatory re-certification training that all vendors participate in every three (3) years (See the Georgia WIC Program Vendor Handbook).

Reconstituted Fluid Ounces – The number of fluid ounces of concentrate or powdered formula after mixing with water.

Redemption – The act of cashing the WIC food instrument according to WIC banking standards.

Redemption Period – The date by which the vendor must submit the food instrument for redemption. This date must be no more than 60 days from the first date on which the food instrument may be used (See the Georgia WIC Program Vendor Handbook).

RD – Registered Dietitian

Refugee - Person who flees his or her native country due to persecution or well-founded fear of persecution because of race, religion, nationality, political opinion, or membership.

Release of Information – Legal document that gives staff permission to provide confidential WIC information.

Residency - Determined by using the applicant’s documented proof of address.

Residual Funds - Funds available for allocation to State agencies after every State agency has received stability funding.

Return Voucher Payment Form - Form #3760 used by Vendor when sending vouchers that have been returned to them from the bank, to the State WIC Branch for payment.

RFP – Request for Proposal

RMSS – Random Moment Sample Study

Sanction – A penalty that is imposed when the Georgia WIC Program rules, regulations, policies or procedure are violated (See the Georgia WIC Program Vendor Handbook).

Seasonal Farmworker - Worker employed in agriculture occupation whose residence is temporary for the purpose of such work.

Secretary - The Secretary of Agriculture.

SFF – Stress free feeding.

SFPD - Supplemental Food Programs Division of the Food and Nutrition Service of the United States Department of Agriculture.

Sign or Signature – A handwritten signature on paper or an electronic signature (See the Georgia WIC Program Vendor Handbook).

SIU – Systems and Information Unit

Supplemental Nutrition Assistance

Program (SNAP/SNAP Benefits) – Formerly known as the Food Stamp Program, it is a Federal program that supplements the food-purchasing ability of low-income households through the distribution of electronic benefits transferring the funds of which can be used to purchase food for human consumption.

Some Breastfeeding infant (SBF) – A classification for infants who receive formula from WIC that exceeds the maximum allowance for a mostly breastfed infant.

Some Breastfeeding Women (SBF) - A feeding method classification for women whose infants receive a Fully Formula Fed (FFF) food package in addition to breastmilk.

Special Formula – See “Exempt Infant Formula” definition in the Glossary.

Special Population - Individual or a group of individuals with common needs who require special assistances or services to access and participate in WIC related services.

Special Site Visit – An official District/clinic visit requested by the Georgia WIC Program due to various clinic problems. A District/clinic may be called one day and a site visit may take place the next day due to the severity of the problem identified.

SPM – State Performance Measure

Spouse – A marriage partner; husband or wife.

Stability Funds - Funds allocated to any State agency for the purpose of maintaining its preceding years' Program operating level.

Staff Signature - Official signature that verifies the income residency, identification and family size are correct as stated by the participant. The Staff signature also verifies/witnesses the participant signature and that the participant has been advised to read (or have read to them) their rights and obligations.

Standard Dilution - Following the regular mixing instructions for the preparation of concentrate or powdered formula (i.e., not adding more or less water than the standard mixing instructions). For example, the standard dilution of concentrate formula is to mix 13 ounces of water with 13 ounces of concentrate formula (i.e., one can of concentrate formula) to produce 26 ounces of reconstituted formula containing 20 calories/ounce.

Standard Food Package - A standard food package is any food package which includes the maximum amounts of categorically appropriate foods with regular milk as the milk choice. Regular milk is considered cow's milk: whole, 1%, 2%, skim, and evaporated.

State - Any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Northern Marianas Islands and the Trust Territory of the Pacific Islands.

State agency – The health department or comparable agency of each state. In this instance, the Georgia Department of Public Health, Maternal and Child Health Program, Office of Nutrition and WIC (See the Georgia WIC Program Vendor Handbook).

State-Created Food Package or Voucher Code – A three-digit food package number or voucher code. State-created food package numbers and voucher codes can begin with either a letter (e.g., A-Z) or be within the numerical range of 000-999.

Stimulus Check – Money issued by the government to revitalize the economy.

State Plan - Plan of WIC operations and administration that describes the manner in which the State agency intends to implement and operate all aspects of WIC administration within its jurisdiction.

Supplemental Foods – WIC foods that promote health as indicated by relevant nutritional science, public health concerns,

and cultural eating patterns containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants, and children.

TANF - Temporary Assistance for Needy Families Program

TCOYH – Take Charge of Your Health

Temporary Accommodation - Public or private shelter or the residence of another person used for temporary living and sleeping accommodations.

Temporary Relocation - Establishment of a temporary residence for individuals whose primary place of residence is lost as the result of disaster, or other privation.

Termination – Discontinuance of vendor participation in the Georgia WIC Program (See the Georgia WIC Program Vendor Handbook).

Thirty (30) Day Issuance - Issuance of vouchers to participants for thirty (30) days until documentation is received.

Transfers – Act of moving a WIC participant currently receiving WIC services to another WIC location.

Turnaround Documents (TADs), Blank - TAD which only has the Clinic Code field preprinted on it. This TAD is used for enrolling any additional family members into the computer system through the use of either an Initial Certification, Waiting List, or Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any time a Computer Printed TAD is not available.

Turnaround Documents (TADs), Prenumbered - TAD has the clinic code field and the complete WIC ID number field (with participant code 1) preprinted on it. The remainder of the form is blank. This TAD is used for enrolling the first member of a family into the computer system through the use of either an Initial Certification, Waiting List, or

Out of State Transfer input transaction. TAD may also be used to complete an in-state transfer or any time a Computer Printed TAD is not available.

Unemployed - Individual who is not currently being paid for labor or services.

Update - Transaction used to change, correct, or update information for a participant already assigned an ID number on the computer system.

USDA - United States Department of Agriculture.

USDHHS – United States Department of Health and Human Services.

VC – Voucher Codes.

VENA – Value Enhanced Nutritional Assessment.

Vendor – A sole proprietorship, partnership, cooperative association, corporation, or other business entity operating one or more stores authorized by Georgia WIC to provide authorized supplemental foods to participants under a retail food delivery system. Each store operated by a business entity is considered to be a separate vendor and must be authorized separately from other stores operated by the business entity. Each store must have a single, fixed location. Mobile stores are authorized in Georgia only when necessary to meet the special needs described in the Georgia WIC State Plan in accordance with 7 CFR § 246.4(a)(14)(xiv).

Vendor Authorization – The process by which the State agency assesses, selects and enters into agreements with stores that apply or subsequently reapply to be authorized as WIC vendors (See the Georgia WIC Program Vendor Handbook).

Vendor Materials - List of resources available through the Georgia WIC Program that pertains to vendor management.

Vendor Number – A unique four digit number

that is used to identify each vendor authorized to provide WIC food items. Redemption activity must be identified by the vendor that submitted the food instrument, using the vendor number. Each vendor operated by a single business entity must be identified separately (See the Georgia WIC Program Vendor Handbook).

Vendor Overcharge – Intentionally or unintentionally charging the State agency more for authorized supplemental foods than is permitted under the Vendor Agreement. It is not a vendor overcharge when a vendor submits a food instrument for redemption and the State agency makes a price adjustment to the food instrument (See the Georgia WIC Program Vendor Handbook).

Vendor Peer Group System – A classification of authorized vendors into groups based on common characteristics or criteria that affect food process, for the purpose of applying appropriate competitive price criteria to vendors at authorization and limiting payments for food to competitive levels. (See the Georgia WIC Program Vendor Handbook).

Vendor Profile - Summary of information about a vendor designed to show their overall standing within WIC.

Vendor Registry Update - Form used to update information regarding authorized WIC vendors.

Vendors Review Form – A tool used to document a vendor's shelf prices and inventory of WIC approved foods.

Vendor Selection Criteria – The criteria established by Georgia WIC to select individual vendors for authorization consistent with the requirements in 7 CFR § 246.12(g)(3) and (g)(4).

Vendor Stamp - Uniquely numbered instrument that is used by vendors to prepare vouchers for payment.

Vendor Training – The procedures Georgia WIC will use to train vendors in accordance with 7 C.F.R 246.12(i). Georgia WIC will provide training annually to at least one representative from each vendor. Vendor Applicants will receive training at the time of authorization. Participating Vendors will receive re-authorization training at least once every three years in an interactive format. (See the Georgia WIC Program Vendor Handbook).

Vendor Training Checklist - Form that lists topics which are covered during a training session.

Vendor Training Sign-In Sheet -Form used to document attendance at a training session.

Vendor Violation – Any intentional or unintentional action of a vendor's current owners, officers, managers, agents, or employees (with or without the knowledge of management) that violates the vendor agreement or Federal or State statutes, regulations, policies, or procedures governing the program (See the Georgia WIC Program Vendor Handbook).

Verbal Order – Temporary medical documentation provided verbally (instead of in writing) from an authorized health care provider with prescriptive authority in the State of Georgia.

VHA - Variable Housing Allowance.

Video Conferencing(Nutrition Education) – Providing WIC services through transmitted video and audio signal from a remote location. (Currently, only secondary nutrition education by a Competent Professional Authority (CPA) or Nutrition Assistant (NA) is approved for participant receipt of video conferencing service delivery).

VIPS - (Vendor Integrity Profile System) - Computerized database that contains information on all vendors in Georgia.

VMARS – Vouchers Management and Reporting System

VMU – Vendor Management Unit.

VOC - Verification of certification confirming that all requirements for WIC participation have been met.

VOC Card - Certification card from a WIC clinic verifying that the named person is a valid WIC participant entitling that individual to transfer certification to another WIC clinic.

Vouchers – Instrument used or issued by clinic staff to WIC participant s to acquire food from vendor/ grocery store.

Voucher Management and Reporting System (VMARS) – A real time system that manages WIC data and voucher printing.

Voided Vouchers - Computer generated and manual vouchers may be voided for a variety of reasons. There are three different categories of voids: Voided Computer Generated Vouchers; Voided but issued manual vouchers; and Voided but Unissued Manual Vouchers.

Vouchers Printed On Demand (VPOD) - Vouchers printed as the participant appears in the clinic.

Voucher Security - Vouchers are negotiable items, which are presented to the bank as a check for cash reimbursement. All vouchers must be securely protected as checks or cash in order to help prevent voucher theft, and deter WIC fraud.

Voucher Number - Serial numbers of the vouchers produced for a participant.

Waiver – A decision to waive a minimum inventory requirement which will replace the vendor’s basic WIC inventory requirements. (See Georgia WIC Program **Vendor Handbook**.)

Weight - Total weight in pounds and ounces of a participant.

Weight, Prior to Delivery - Woman’s final pregnancy weight immediately prior to delivery.

WIC – The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) authorized by section 17 of the Child Nutrition Act of 1966, as amended (42 U.S.C. §1786) (See the Georgia WIC Program Vendor Handbook).

WIC Approved Foods – Supplemental Foods containing nutrients determined to be beneficial for pregnant, breastfeeding, and postpartum women, infants and children. (See the Georgia WIC Program Vendor Handbook).

WIC Caseload - The total number of active participants on the Georgia WIC Program.

WIC Eligible Nutritional Foods - A WIC-Eligible Nutritional Food refers to certain enteral products that are specifically formulated to provide nutritional support for individuals with a diagnosed medical condition when the use of conventional foods is precluded, restricted, or inadequate. Such WIC-eligible nutritional foods may be nutritionally complete or incomplete, but they must serve the purpose of a food, provide a source of calories and one or more nutrients, and be designed for enteral digestion via an oral or tube feeding. All WIC eligible nutritional foods require medical documentation for issuance by WIC. Some nutritionals are also classified as exempt infant formulas.

WIC Enrollment - The total number of active WIC participants by category (prenatal women, post partum women, breastfeeding women, infants and children)

WIC ID Folder – Is completed and issued to any person who is enrolled in the Georgia WIC Program.

WIC ID Number – Number that uniquely identifies the participant consists of three data elements: A nine-digit family identification number, a one-digit check digit, and a one-digit participant code. All members of a family should be assigned the same family identification number to facilitate voucher distribution.

WIC Participant - A person who has met the income guideline and nutritional risk requirements of the program and issued at least one set of vouchers during the reporting period.

WIC Type - Classifies participants into 5 categories: P=Pregnant Woman (Prenatal), N=Non-breastfeeding postpartum woman, B=Breastfeeding postpartum woman, I=Infant, and C=Child.

YRBS – Youth Risk Behavior Survey.

Zero Income – An applicant/participant who receives no income from any source as defined at 246.7 d(2)(ii).



Georgia WIC

FFY 2016 State Plan



Summary Georgia State Plan – Goals and Objectives

The Georgia WIC Program's overall goal is to fully utilize federal funds to support the WIC local agency program operations, nutrition services, breastfeeding education, and food delivery systems through WIC Authorized Vendors and Farmers' Markets in the State of Georgia.

An assessment of current State operations through program reviews, feedback from the local agency about operations and program implementation, along with public comments from participants, vendors, and advocates collected through annual surveys were used to identify program needs and other opportunities for improvement.

The Georgia WIC Program's 2016 Goals and Objectives were developed to respond to overall program needs and opportunities for improvement.

Specific 2016 Goals and Objectives are described below:

GOAL 1: INCREASE ANNUAL PARTICIPATION IN THE GEORGIA WIC PROGRAM

Objective -1-1:

To decrease the average monthly total certified participants without voucher issuance by at least 2%, by September 30, 2016 (TBD, 2014 or 2015 baseline).

Objective 1-2:

Create and implement a report that would track attrition by age, by September 30, 2016.

Objective 1-3:

Develop a targeted outreach plan to reclaim at least 2% of eligible 2 to 5 year olds, by September 30, 2016.

GOAL 2: IMPROVE HEALTH OUTCOMES OF GEORGIA WIC PROGRAM PARTICIPANTS

Objective 2- 1:

To increase the annual percent of WIC mothers initiating breastfeeding by at least 2%, by September 30, 2016 (2015 Baseline).

Objective 2-2:

To increase the annual percent of WIC mothers' breastfeeding duration (6 months) by at least 2%, by September 30, 2016 (2015 Baseline).

Objective 2-3:

To increase the annual percent of WIC participants aged 2 to 5 year olds with a healthy body mass index (BMI) by at least 5%, by September 30, 2016 (2015 Baseline).

Objective 2-4:

To increase the healthy behaviors of WIC participants by at least 5% over baseline, by September 30, 2016, as evidenced by participants' responses to health behavior items on the annual WIC Participant Satisfaction Survey (Establish Baseline 2015).

GOAL 3: IMPLEMENT ESTABLISHED PLANS TOWARDS EBT READINESS FOR THE GEORGIA WIC PROGRAMObjective 3- 1:

To obtain USDA's Regional Staff and the State Systems Office approval of Georgia's Planning Advanced Planning Document (PAPDU) for the joint management information systems/EBT project by October 30, 2015.

Objective 3-2

To submit Georgia's Implementation Advanced Planning Document (IAPDU) to USDA for review by November 1, 2015.

Objective 3-3:

To develop a Georgia WIC program database that would house the Universal Product Code (UPC) for WIC eligible foods by September 30, 2016.